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JANUARY 1998

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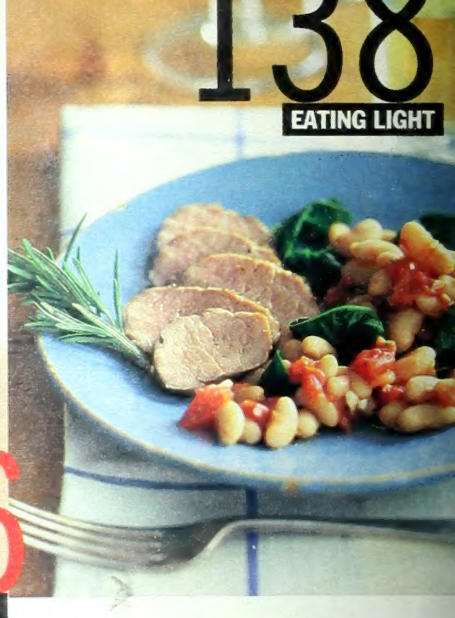


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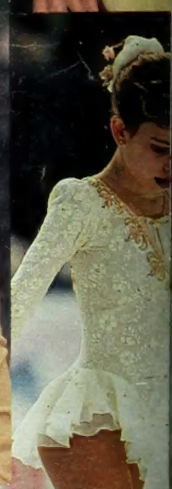


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JOURNAL

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Be sure to watch our TV special, "*Ladies' Home Journal*'s Most Fascinating Women," on CBS, Monday, December 29, at 10 P.M., E.T./9 P.M., C.T., sponsored by CLAIROL. Don't miss it!


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LHJ's PRIME-TIME SPECIAL



This is the second year for our prime-time show that celebrates the women LHJ has picked as the most noteworthy of 1997. LHJ's *Most Fascinating Women of 1997* special will be on CBS December 29 at 10 P.M., E.T./9 P.M. C.T. Sponsored by our friends at CLAIROL, the program gets up close and personal with some of your favorites, like those two TV angels, Roma Downey and Della Reese, as well as Grammy award-winning supersongstress Celine Dion. Roseanne and other "fascinating" superstars will keep the show lively.

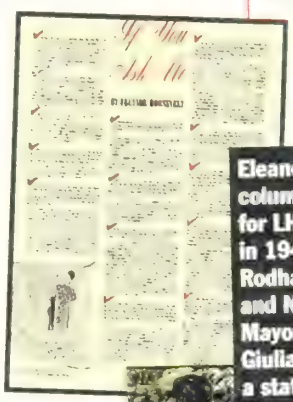
We'll also be saluting a variety of newsmakers, including Secretary of State Madeleine Albright, Mayor Pat Owens, who led her town, Grand Forks, North Dakota, through a devastating flood, as well as tennis stars Martina Hingis and Venus Williams, ice-skating champion Tara Lipinski, and supermodel Emme, who is helping redefine what's beautiful today. And you'll want to see our special salute to Princess Diana, whose loss is so much a part of what we'll remember about this year. The touching tribute will be presented by Jane Seymour.

Last year's special was both a critical and a ratings hit. This year's show, we believe, is even better. So be sure to tune in and enjoy.

Happy New Year.

MYRNA BLYTH
Editor-in-Chief

Don't forget to watch our Most Fascinating Women of 1997 special on December 29, at 10 P.M., E.T./ 9 P.M., C.T., on CBS. You'll find it fascinating and fun.



Eleanor wrote this column regularly for LHJ beginning in 1941; Hillary Rodham Clinton and New York City Mayor Rudolph Giuliani unveiling a statue of Eleanor in 1996



100 Most Important WOMEN



Eleanor visits veterans at Walter Reed General Hospital in October 1945

Eleanor Roosevelt
1884–1962

Eleanor Roosevelt overcame acute personal sorrow to become the most influential woman of her own or any other time. An orphan at ten, she was raised in her grandmother's loveless home. At twenty, she married her fifth cousin, Franklin Delano Roosevelt, and gave birth to six children. Although her devotion to her husband never wavered, she was deeply wounded by the discovery in 1918 of his affair with her social secretary. From that point on, Eleanor began to throw her emotional energies into a vast array of social causes. When FDR was paralyzed by polio in 1921, she became both his nurse and personal political emissary, and when he was elected President she radically redefined and expanded the role of First Lady. After his death, she became a delegate to the newly formed United Nations. There, she pursued a dream, drafting and overseeing the passage of the Universal Declaration of Human Rights. She believed always "it is better to light a candle than to curse the darkness."


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MEET OUR CONTRIBUTORS



Patt Morrison

Why do many men today seem to prefer checking up on the scores to spending time with their wives? In "Does He Love Sports More Than He Loves You?" (page 102), columist Morrison tries to answer that burning question. Morrison has been a part of two Pulitzer-prizewinning reporting teams at *The Los Angeles Times*.

Susan Jacoby

"A good psychic is a little like a good therapist—if nothing else, she's great at reading people," explains Jacoby, who visited nearly two dozen soothsayers to report "Psychics, Psychics Everywhere" (page 46), an exposé on the booming industry. "But whether you go for fun or for insight, you need to judge psychics the way you would any other service providers."





Michael Gordon

In "New Year, New Look" (page 122), we treat two lucky women to a complete makeover at Gordon's Bumble and Bumble hair salon in New York City. "It really comes through in the pictures how thrilled each woman is with her new appearance," says the hairstylist and photographer, who has also contributed to *Glamour*.

Holly Robinson

A mother of five, Robinson speaks from plenty of firsthand experience in "The Sex Talk" (page 96), an essay about explaining the birds and the bees in the '90s. "You can teach kids responsibility without laying on guilt," she says. "The ultimate purpose for having 'the talk' is to encourage kids to enjoy sex—when it's time." Robinson also contributes to *Parenting*.





Audrey Edwards

"Keeping the Faith" (page 60) is Edwards's profile of Rev. Bernice King, daughter of the legendary civil rights leader, Dr. Martin Luther King, Jr. "She has her father's authoritativeness and focus, with a hip style and feminine grace that's all her own," says Edwards, who is editor-at-large of *Essence* magazine.

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"He's So Selfish"

Mimi desperately wants a baby, but Rich is still just playing house. She wonders, Will he ever get a real job? By Jane Marks

MIMI'S TURN

"I've tried to be patient and supportive, but I've had it," said Mimi, twenty-eight, fidgeting with her wedding band. "One night a few weeks ago, after Rich had gone out, I was startled by the doorbell. It was Mr. Salvador, the landlord. He looked angry. 'Your husband promised to have the rent money three days ago,' he said. It turned out Rich had not paid him in three months, and the last check had bounced. Now Mr. Salvador wanted $2,700 in cash. I felt sick.

"I'm tired, too, of living in a cramped apartment with crumbling plaster, just because Rich would feel suffocated working for someone else. He says he wants a baby as much as I do, but at this point we can barely afford to keep our cat.

"I remember how mature and focused Rich seemed when we met eight years ago at a college party. He told me he planned to be his own boss by working as a consultant who solved business problems on his computer. He couldn't stand the thought of ending up like his dad, a slave to the security of a big company that exploited him. Shyly, Rich told me that his other dream was to make some woman 'extremely happy.' He looked so manly, so sweet, that I thought, This is a grown-up. I wanted to curl up in his arms and stay there. We began a really passionate affair. Our colleges were far apart, but we talked on the phone all the time, and when vacations came, we were inseparable.

"We got married two years later, when we graduated—and I felt so lucky! As an only child of parents who had always been stingy with both money and hugs, I was thrilled to have a loving husband. It was like playing house—except for little doses of reality. Learning to cook was a struggle for me. Rich talked a good game about sharing chores, but he never helped me. He blamed it on his long hours, and he did work endlessly—mostly for one client, a clothing importer, who had him programming bar codes, sometimes until three A.M. or later. 'Honey, do you like working nights?' I asked Rich sadly on our six-month anniversary, when the romantic evening I'd hoped for never materialized. 'Look, I'm sorry,' he said, flustered and defensive. 'But I have to stay until the work is done.'

"Yet, for all the time he put in, he wasn't bringing much money home. I work for the welfare department, which pays very little, but at least I get health benefits and a pension fund. By scrimping, I could cover everything but the rent, and Rich took responsibility for that.

"Once in a while, Rich would get a new client, but the jobs were usually small ones. 'When my business takes off, we'll be able to afford a nicer place—not to mention a maid,' he said in his jaunty way, as a hunk of plaster fell into the clam sauce I was making. But money continued to be short. Rich never told *(continued)*

THE MOST POPULAR, most enduring women's magazine feature in the world. This month's case, about a couple learning to handle responsibility, is based on interviews with clients and information from the files of Marjorie A. Slavin, M.S.W., A.C.S.W., a family therapist in private practice in Riverdale, New York. The story told here is true, although the names and other details have been changed to conceal identities.

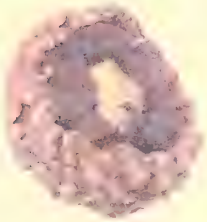
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...I want my lawyer...



...you can try any *mmm*...



...it was me."

Rocher. [illegible] rtle.

Fine hazelnut, chocolat[illegible] your hand.

ROCHER

me what he earned because it was 'too complicated' to understand. But he was always on the verge of a breakthrough. I just had to be patient. How I longed for him to look for a real job! At the rate we were going, we would never be able to afford a baby.

"When I told him how much I wanted a baby, he said 'Fine! Let's have one.' How unrealistic could he get? 'I'll never have a baby if his father doesn't come home from work before midnight,' I told him bitterly. 'Well, somebody has to be responsible enough to support him,' Rich retorted. 'And I don't see you bringing in the big bucks.' He warned me not to nag the way his mother always had—and that shut me up real fast. His mom had badgered his dad relentlessly to move to the city. The family finally left the house they loved for an ugly apartment in a bad neighborhood. 'You're the one who told me to follow my dreams,' Rich reminded me.

"'You're so lucky,' my college roommate, Deborah, assured me on a visit from Los Angeles recently. She has a great career and a fabulous apartment. But she hasn't met the right guy—'Certainly nobody as smart and terrific as Rich,' she lamented. I felt a pang. Of course, she was right!

"That's what I was thinking when the landlord showed up, demanding the rent. In a panic of confusion and fear, I convinced him to give us one more day, which he reluctantly did, only because he felt sorry for me. When he left, I was shaking. 'What happened to the rent money?' I demanded when Rich got home. Was it another woman? Did he have a drug or gambling habit? 'Of course not,' Rich answered calmly, as if Mr. Salvador's visit was no big deal. *'Then where's the money?'* I shouted. He couldn't answer me. At that point I realized his irresponsible behavior wasn't going to stop. My parents gave us a loan—grudgingly—but I know Rich and I need help if this marriage is going to continue."

RICH'S TURN

"I don't understand why Mimi's suddenly so angry," said Rich, twenty-nine, a dark-haired man in a turtleneck and jeans. "It's not as if I haven't been trying. She calls me selfish, but what about her? She wants to live in a fancier apartment—but then she complains that I work too many hours. Isn't that a little unreasonable? Yes, I screwed up about the rent, but it was only because she had my back to the wall—nagging me to sell out. How could I admit to her that my main client had let me down? I could've gotten the money within a couple of weeks, but Mimi wouldn't cut me any slack. I'd like to know what happened to the love and loyalty she promised me. Apparently, it's okay for *her* not to earn a lot of money, but *I'm* the bad guy and our money problems are all my fault.

"I never thought Mimi would end up being a pushy wife like my mother. My dad, who loved our house and our backyard, never wanted to move to the city, but my mom insisted on it. He was a sweet guy who just let everyone push him around—and he ended up dying of a heart attack at forty-two. That's why I feel so driven. Being my own boss is the only way I can be happy, but my hours are at odds with Mimi's lifestyle. I tried to tell her that cutting back hours would only create more money problems. She keeps telling me to send out résumés, but she doesn't get it. I need to prove myself first.

"Mimi wasn't always like this. She was so sweet when we met, with her saucerlike eyes and long hair. I was basically shy, but Mimi was the sexiest girl I'd ever met, and she thought I was something special—that meant everything to me. Getting married seemed natural, and a relief after all that separation during our college years—but the expense of setting up housekeeping depleted all the money we had. I was shocked! Just going out for burgers and a movie cost a fortune. Mimi didn't really know what she was doing in the kitchen at first, but we laughed a lot—and ended up making love.

"I began to worry when the bills arrived and I couldn't pay them. I upped the hours I was working, and tried to find new clients, but I always wound up broke, and I just couldn't tell Mimi that. I had to spend the rent money to keep my business going—it paid for gas, tolls, a haircut and other miscellaneous business expenses. Mimi's parents ended up paying our rent—on the condition that we go to therapy. That was like a double whammy. I'm not only a failure in my work, I'm also a failure as a husband—a worthless guy."

> "Apparently, it's okay for Mimi not to earn a lot," said Rich. "Our money problems are all *my* fault."

THE COUNSELOR'S TURN

"Rich and Mimi were destined for trouble," the counselor said. "Here were two young people playing house with nobody knowing how. When reality finally set in for Mimi, she tried to get Rich to keep up, and ultimately resented having to be the responsible one. Rich, determined to avoid the disappointment and frustration his father faced, found himself failing, with nobody to blame but himself—which caused him to panic, to stonewall, to retreat and to lie, which of course made Mimi feel betrayed.

"Mimi was more verbal than Rich, but when I gave Rich the space and encouragement to answer Mimi about *(continued on page 1*


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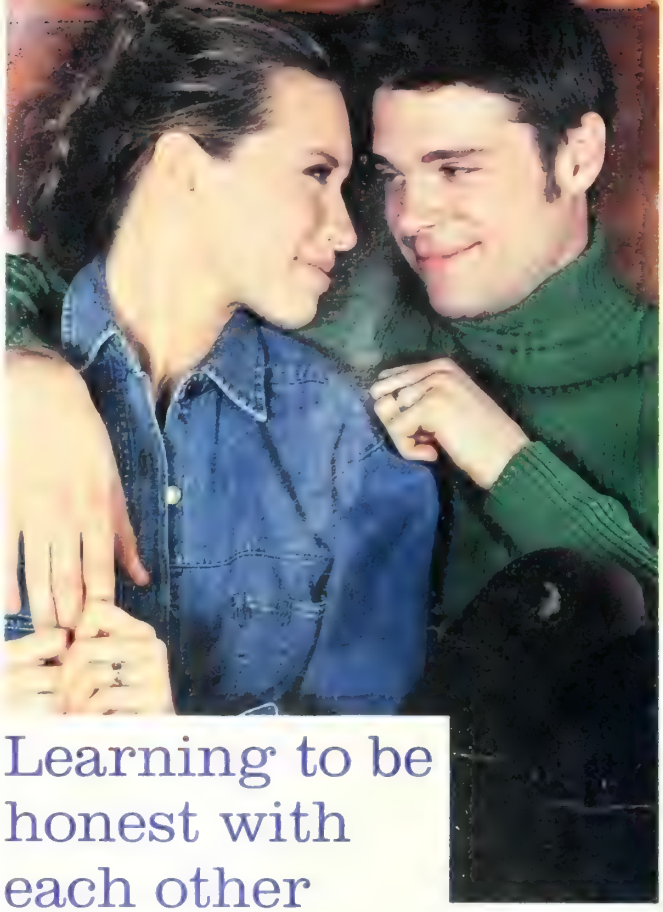
MAYBE SHE'S BORN WITH IT. MAYBE IT'S MAYBELLINE.

the missing $2,700, he sat down and tried to figure it out. When he could account for only $700—which was in fact all he had earned in that three-month period—he broke down and cried. 'I'm such a loser,' he said. My presence made it easier for Rich to admit his failures to Mimi, but it was still deeply painful for him, and I praised him for getting beneath his arrogant I've-got-to-do-it-my-way stance. This was not to say that I supported his behavior. Living in a fantasy world, Rich subjected Mimi to years of stress and unnecessary deprivation. By calling a halt, Mimi had done him a favor. She laid the groundwork for change that would make their life together better and would help Rich fulfill his own potential.

"'Thank you,' Mimi said, with tears of gratitude. She felt her own feelings had been validated—and she was touched to realize that Rich's selfish behavior came not from arrogance, but from the very opposite: a fear of being insignificant. 'This is a trait I see in many men,' I said. 'It looks like callousness, but hides a very soft and frightened heart.'

"To help understand how their crisis had developed, we talked about their early lives. Mimi's family's tightness with money and affection had left her with a fear of never having enough, which was partly why she had been so attracted to Rich's very mature-sounding plans. When Rich began to piece together snatches of conversations he'd overheard his parents having late at night, the resulting picture of his childhood was very different from the one he had carried with him. The move to the city had *not* been his mother's fault—the family had to sell the house because his father had lost his job. His dad had devised the official story of his mother's nagging to save face. 'Children who come from a family where secrets abound learn to be evasive,' I pointed out. 'But life is actually easier when you face the truth.'

"This new awareness was a turning point in the relationship; it helped



Learning to be honest with each other was a turning point for Rich and Mimi

the couple to reaffirm their love for each other and freed up energy for problem-solving.

"To restore lost trust, I instructed Rich to tell Mimi what he was earning, and to show her his books. They agreed to meet at six P.M. every Sunday—no matter how busy they were—to go over their financial situation: what bills were due and unexpected expenses, such as car repairs. Then they could work on solutions together, as in, 'Do I have the money for this? Do you? Is it wise to use a credit card?' The fact that they were making these decisions together meant everything to Mimi. To reinforce this new openness, I asked Rich to sign a pledge to Mimi that he would not lie to her again. This included telling her about any difficulties he was having, financially or emotionally.

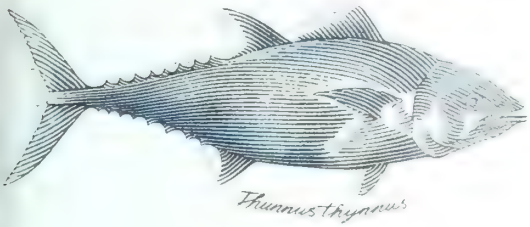
"In addition, I supported Mimi's insistence that Rich look for a regular job. The couple worked together on a résumé for Rich, who discovered that giving up his fantasy of not needing help and owning up to his problems brought out the best in him. His 'homework' was to report everything he did in his job search, from want ads to interviews.

"At the same time, I recommended that Rich pick up some of the responsibilities at home. In the past, he had complained about being too tired or too busy to pitch in, but he finally admitted that he believed that the man was supposed to be the provider and the woman was responsible for housework. I pointed out that in the most successful marriages, both roles are shared by partners. Mimi liked the idea—and started looking into courses to upgrade her career and salary. In turn Rich agreed to pick up certain household chores. If he didn't do a chore he had to write a note to Mimi, explaining why.

"After nine months of active searching, Rich was hired by a small manufacturing firm. It has been a year and a half since they finished counseling, and Rich is earning a more adequate living. Mimi, who now works for a child-care foundation, has found a better apartment for them and started saving to have a baby, which they are planning to do in two more years. Once this couple learned to express their real needs and share responsibility for meeting those needs, they were able to turn their lives around and find real hope for the future." ●

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Acne Impersonator?

Q. I have tiny pimple-like bumps around my mouth, and my acne medication doesn't make them go away. Help!

A. "You're probably suffering from perioral dermatitis, a common problem for women in their twenties and thirties that is often mistaken for acne," says Michelle Abadir, M.D., a dermatologist in Rye Brook, New York. "No one is sure what causes it, but the bumps might be an allergic reaction to a mite that lives on skin or to rich cold-cream cleansers and moisturizers. The ingredients in some toothpastes and the cinnamon flavoring in some lipsticks may also cause the reaction. A dermatologist can cure the problem in a few weeks using a variety of remedies that could include antifungal creams, antibiotics and steroids. Instead of applying creamy facial products, opt for soap-free liquid cleansers and light, water-based moisturizers. You'll need to steer clear of the possibly problematic toothpastes and lipsticks."



The healthy skin workout



Winter workouts mean exercising new precautions for your skin. Going skiing or skating? Then "you shouldn't wash your face in the morning if your skin is sensitive. Doing so washes away skin's surface oils, which can protect against wind and cold," says Debra Jaliman, M.D., a dermatologist at New York's Mount Sinai School of Medicine. Indoor exercisers should get out of sweaty workout wear right onto, or risk nasty chest and back breakouts.

antistress scents

Stuck in traffic? Overworked? Why not calm your frayed nerves with one easy spritz? Aromatherapists have claimed this all along, but now there's scientific proof that certain scents can alleviate stress. In an experiment, women who were given spicy floral and apple aromas to smell during stressful situations had lower blood pressure and heart rates than other women who received nothing. Gossip by Cindy Adams, Elizabeth Arden's 5th Avenue and Gap's Om all have the right stress-stopping mix.



Not just a pretty scent: green apples, cinnamon and spicy florals

Osteoporosis isn't caused by aging. It's caused by ignorance.

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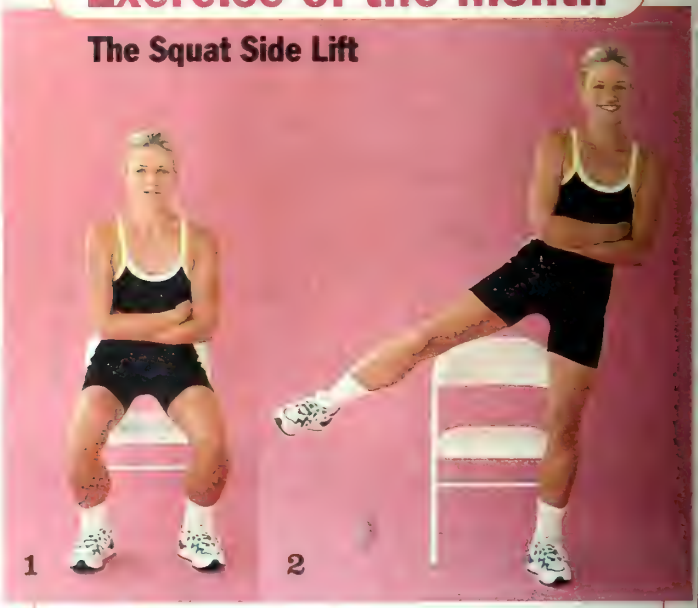
Brow Know-How



There is an unwritten beauty rule prohibiting tweezing above the brow line, or at least that's what many women believe. But in fact, shaping the upper as well as the lower brow line creates a much cleaner line, says New York and L.A. makeup artist Robyn Cosio. Technique makes the difference: With a thin brush, apply powder liner to create the desired brow shape and set with gel. Remaining unwanted hairs will now stand out, so pluck as necessary.

Exercise of the month

The Squat Side Lift

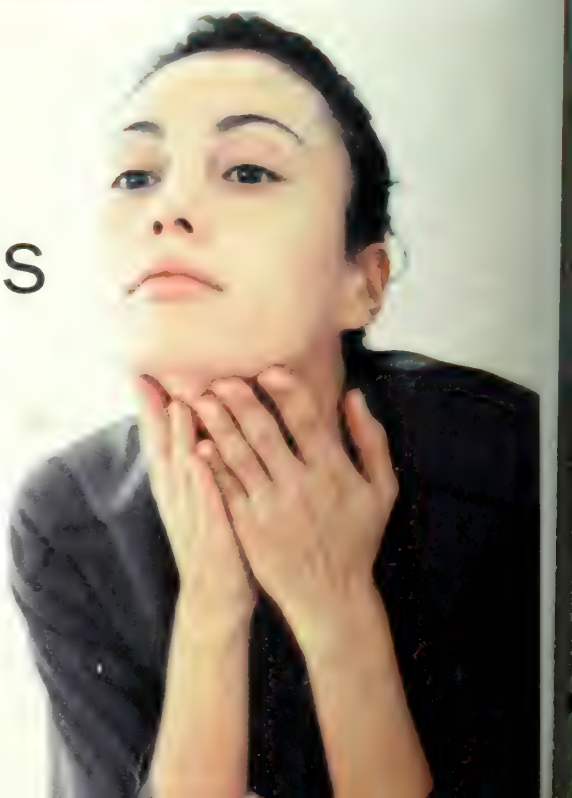


An exercise to improve your rear view: This move by Melissa Susac, a trainer at In Training, in Los Angeles, will tone your thighs and lift your butt. Begin seated on the edge of an armless chair, feet flat on floor, hip distance apart, arms folded. Push up to standing position. In one fluid movement, shift weight onto left leg and raise right leg, foot flexed, as high as possible while keeping hips forward and body aligned. Lower leg and assume a squat position, with your rear barely touching the chair. Repeat with other leg. Do 10 to 20 reps three times a week.

FOR A MORE EXERCISE PROGRAM

Reeling in the Years

So there's no fountain of youth—at least you've got your cosmetics bag. Here, three makeup tricks that help turn back the clock. **1. Minimize flaws with a light hand.** Don't try to hide lines and other imperfections under a heavy layer of makeup. For less phony, more luminous coverage, use sheer, oil-free bases that camouflage quickly but lightly, instead of ones with super-matte finishes. **2. Use a yellower base.** Aging skin can benefit from some extra warmth. If your foundation color is matched to your skin tone, upgrade to a shade that's more golden. **3. Keep it clean.** Nothing is as aging as a messy pooling of makeup in lines on your face. When you apply makeup, always use a sponge to do a final clean sweep.



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sential things that should. Even if you can't [illegible]

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THE FINE ART OF LAYERING

What to wear under winter jackets and sweaters? Here's help sorting through the season's super-fun options



1. The Camisole
In a stretchy fabric, makes a great invisible base under a suit or slim sweater because it fills in gaps between buttons



2. Nude Bodysuit
Gives jiggle-free confidence under sheer or delicate items and helps fill in a too-plunging V-neckline



3. Sheer Tee
In transparent nylon mesh or stretch lace, this trendy layering piece softens serious tailored jackets



4. Stretch Tee
Hugs the body [illegible]s flat at the neck for a most polished look



5. Delicate Cardigan
In a lightweight cotton or rayon, looks as great under sporty blazers as it does over slipdresses



6. The Wrap
Ballerina-inspired, a crossover wrap flatters fuller bosoms and looks terrific under sporty jackets or cardigans



7. [illegible] Bodysuit
[illegible] day [illegible] ole



8. Dressed-up Tee
Looks polished and elegant under suits or sleek tailored [illegible]ckets—or on its own with a chunky pearl necklace



9. Fluid Tailored Shell
A year-round wardrobe basic—finished enough to wear on its own as a mate to tailored pants or skirts



Fitted suit goes with: 1,2,3,4,8,9
Go sheerer and sexier when you're wearing a jacket you don't intend to take off.



Cardigan goes with: 1,2,4,8
Because unbuttoning is an option, you want something opaque but still flatteringly form-fitting.



Big shirt goes with: 1,2,4,8
A camisole works when you tie the shirt at the waist; otherwise, a stretchy tee looks the best.



Blazer goes with: 4,5,6,7,8,9
Will you take the jacket off or wear it unbuttoned? Then, too sexy or see-through aside, anything goes.



Separates go with: 4,5,6,7,8,[illegible]
Ditto. The layering pieces you choose can make a casual look more so—or dress it up.

Separated at Birth?



They started out exactly the same [illegible] Then their lives dramatically changed. [illegible] regular powder detergent. The one [illegible] gently with Ivory Snow powder. When [illegible]

Safe care for [illegible]



Facing The World

After years of hiding half my face, I've found a new surgical treatment that is erasing my birthmark. By Christine Langley, as told to Lydia Preston



Ever since I was a little girl, I've wanted to pull my hair back into a neat twist or a French braid. But instead, I brush my hair forward so it covers the left side of my face—the side marred from birth by dark purple blotches.

My birthmark, which is called a port-wine stain, is divided into three patches. The largest, about six inches wide, stretches from my left temple down over my cheekbone and jaw onto my neck, and then back over my ear and into the scalp. A second mark covers the left corner of my chin; a third spreads across my throat.

Port-wine stains affect an estimated three to five out of every one thousand children in North America. These permanent birthmarks occur when a tightly packed collection of abnormally dilated blood vessels forms in the middle layers of the skin, just below the surface. In about 90 percent of all cases, the marks are on the face or neck, ranging from dime-size spots to broad masks that cloak most of the patient's face.

I'm the only one in my family of three girls with any kind of skin abnormality. When I was born in 1968, the doctors let my father see me, but they didn't show me to my mother for several hours. When she finally got to hold me, my mom recalls, "You looked up at me and grinned this big grin, and that's all I could see." My parents adjusted to my looks right away, but our other relatives were extremely upset. "How in the world did something like that happen?" they asked.

Unfortunately, no one can answer that. For centuries, superstitious people thought that port-wine stains were the devil's handiwork or, alternately, God's punishment for the mother's sins. Even today, some folks still believe that pregnant women should avoid red wine and strawberries. Modern medicine debunks such myths, but so far it can offer little by way of a scientific explanation except to say that vascular birthmarks are not hereditary, and they're not caused by outside factors such as tobacco or alcohol.

My parents consulted dozens of doctors to find out how to get rid of my birthmark. They looked into all the options that were available in the early 1970s: dermabrasion, radiation therapy, cryosurgery to freeze the abnormal skin, electric needles to destroy the aberrant blood vessels, surgery to remove the dark patches and graft on new skin, flesh-colored ink tattoos to cover the *(continued)*

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Continued

stain. But not only did all of these treatments involve considerable risk and pain, they would also leave scars that might be just as disfiguring. There were no easy solutions.

It wasn't long before I sensed there was something different about me. My mother remembers that when I was quite young, I looked in the mirror and said, "Oh, no, I have a booboo." My earliest memories are of strangers gawking and pointing at me. Mistaking their stares for angry glares, I was bewildered and frightened. In grade school, kids called me "Grape Juice Face."

But my mother always told me I was beautiful, and she taught me to answer the questions and taunts directly: "It's a birthmark. I was born with it." I threw myself into clubs and school activities. In high school, I made the cheerleading squad, and I always had lots of friends who didn't care that my face was different.

Nonetheless, I agonized inwardly over my disfiguring stains, and I never let anyone take pictures of my left side. I covered the birthmark with makeup—that is, when I had the time and energy to apply layers of foundation, powder and a heavy concealer called Dermablend. But I could never completely forget the birthmark, or the very noticeable way people reacted to it.

The hardest part was feeling alone. It wasn't until I was a teenager that I saw someone else with a port-wine stain—a little girl who came into the shop where I was working one summer. I fled to the back room and wept, thinking about what her life was going to be like.

When I was about sixteen, my mother read a magazine article about a new treatment using an argon laser that could destroy the abnormal blood vessels of a port-wine mark with unparalleled precision. A specialist we consulted agreed to try it, but he warned that this then-experimental therapy sometimes caused burns.

In 1986, during my senior year of high school, the doctor tried two tiny test spots behind my ear. They actually got lighter, and I was filled with hope and excitement. But a few months later, the doctor used the laser on my chin, with awful results—it blistered my skin and left a big, lumpy scar. I gave up, sure that nothing would ever change my face.

I went to college in Virginia telling myself that my birthmark really didn't matter. I even started dating. My boyfriends all insisted that I was beautiful, but it was hard for me to accept that. I was always pulling away to avoid being touched or kissed on that side of my face.

Then came a painful encounter one morning in my sophomore year when I was running to class without any makeup on. As I passed a group of fraternity boys, one of them said loudly, "Look at the hickey all over that girl's face. She must've had a great time last night!" The others laughed. It was just a stupid, juvenile remark—I'd heard worse—and yet it caught me off guard, and tears streamed down my cheeks as I hurried away. Later, I went to a member of the fraternity and suggested an apology was in order. He promised it would never happen again, but I was still angry and hurt. That single incident reignited my determination to get rid of my port-wine stains.

I graduated in 1990 with a degree in criminal justice—a field that has fascinated me since childhood—and moved to Ocala, Florida, to take a job as a state probation and parole officer. Soon after, I met with a plastic surgeon who referred me to Richard Gregory, M.D., a laser specialist in Orlando.

Laser medicine had made great strides in the years since my first disastrous experience. Dr. Gregory explained that he would be using a new machine called the flashlamp-pumped pulsed dye laser, developed specifically to treat port-wine stains. Unlike the resurfacing lasers now used to smooth wrinkled skin, this device works deeper down to destroy the birthmark vessels without damaging the surrounding *(continued)*



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nutrients.

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tissue. It takes multiple treatments—as many as thirty or more for large marks like mine—but eventually the stain either disappears or fades to near-invisibility.

The laser technology is sophisticated, but its principle is simple. It emits a fine beam of light that passes harmlessly through the top layer of skin but is absorbed by the red blood cells underneath, creating heat that destroys the disfiguring blood vessel from the inside. The laser flashes on and off so quickly that the heat doesn't spread to normal skin. The technique is considered so safe that it has even been used on newborns with birthmarks.



My port-wine stains were permanent when I was fifteen; today, after eighteen laser surgeries, the marks have faded to a pale pink

Despite this reassuring knowledge, I was terrified on that September day in 1992 when I underwent my first laser treatment. My family was hundreds of miles away, and I felt so alone as I was prepped for surgery. My face was injected with painkillers and my eyes were padded with gauze, then covered with opaque goggles to protect them from the intense beam. A nurse held my perspiring hand as the doctor went to work.

It was awful not being able to see, and the process seemed to take forever as the laser was methodically aimed and fired at my birthmark, one tiny section at a time—about a thousand pulses of light in all.

After it was all over, I looked in the mirror and was horrified. I had been warned that each laser pulse would leave a small temporary bruise, but I wasn't prepared to see a weird-looking pattern of purple dots that were darker than the birthmark itself. Dr. Gregory assured me the bruises would go away.

Sure enough, about two months after surgery, the ugly bruises were gone and my skin was actually lighter. For the first time, I dared to hope that I might look normal.

Since then I've undergone eighteen laser treatments, which have lightened the port-wine stains on my cheek, neck and chin to a pale pink shade that I can easily cover with makeup. But it's not over yet. I moved back to northern Virginia last fall, where I became a patient at the Washington Institute of Dermatologic Laser Surgery. The doctors there say I'll need about five or six visits for my more visible marks, and then additional treatments for my left ear and the area around it.

Although laser treatments can be done every six to eight weeks, I usually take three or four months between appointments. The fragile treated skin has to be coated with antibiotic ointments for seven to ten days—no makeup allowed. And I have to stay out of the sun completely until the discoloration disappears in three or four weeks.

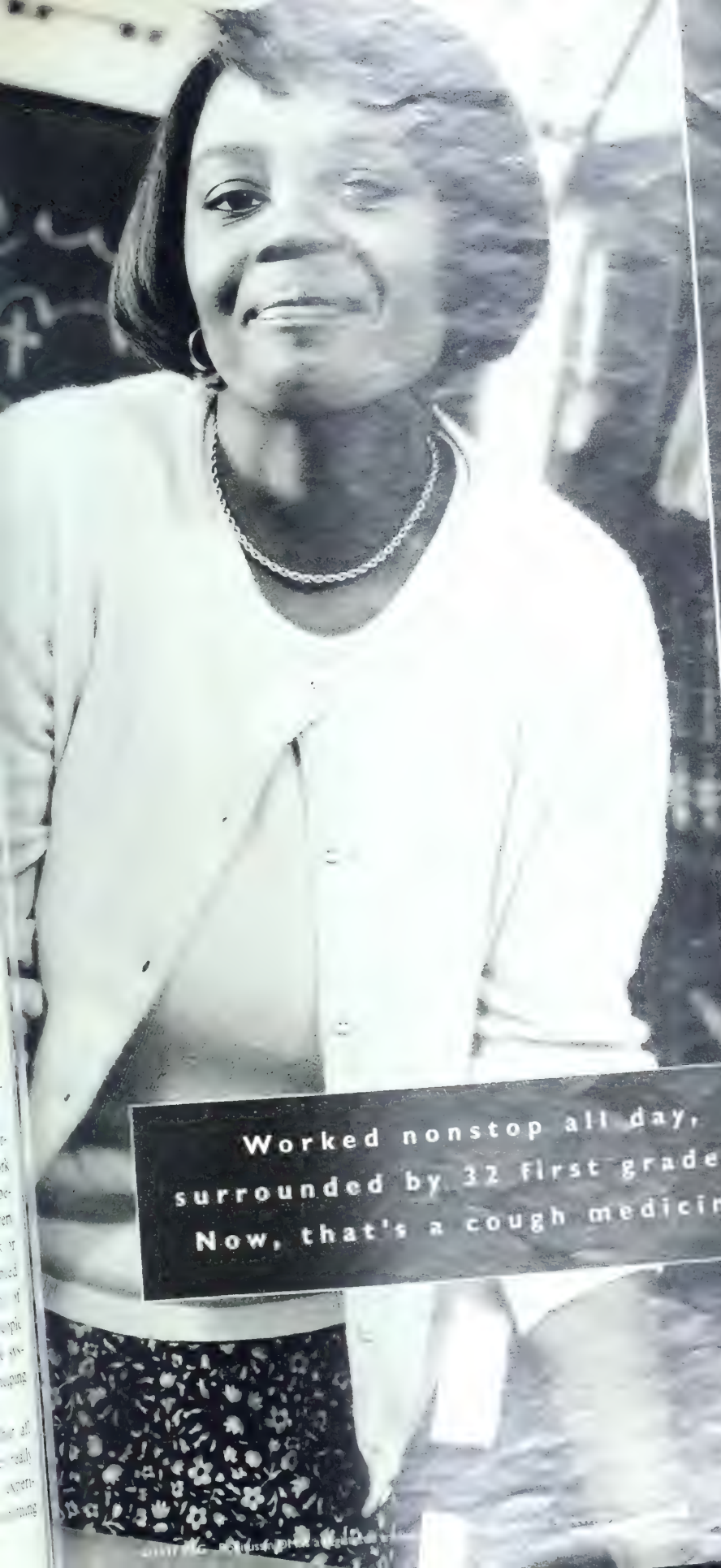
It has been a costly process. Typical prices for laser surgery range from $250 to $600 per session for a small- to moderate-size mark, up to $1,000 or more for an extensive area like an entire face or limb. So far, my treatment has cost more than $15,000, of which about two thirds has been covered by my medical insurance.

But the changes that I've seen are worth much more than money—not just my outward appearance, but the more significant transformations inside. I'm less obsessed about my looks and more comfortable meeting new people—something that used to be difficult for me. And I'm far more relaxed, confident and optimistic in general. Looking back, I'm amazed at how much my birthmark influenced my behavior.

My earliest memories are of strangers gawking at me. In school, kids called me "Grape Juice Face"

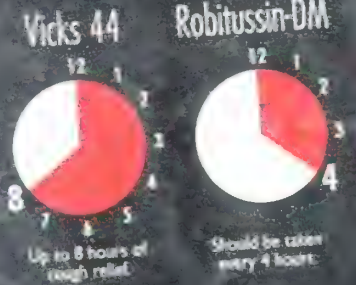
The change in my attitude is particularly evident to me in my work as a parole officer. No doubt because of my own situation, I'm very sympathetic to others who look or feel different, who are disabled or emotionally damaged. Many of these troubled and alienated people end up in the criminal-justice system, and I am dedicated to helping them pull their lives together.

Today, I truly believe that all people can have hope if they really want to change. My own experience has taught me that anything is possible. ●



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Credit Repairs

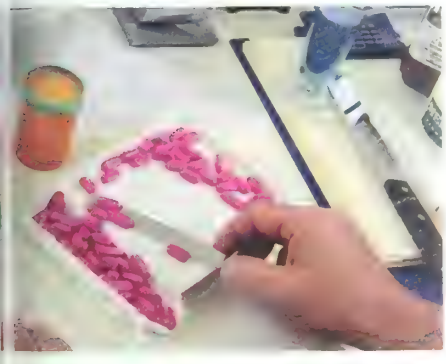
Mistakes on credit reports have been consumers' number-one complaint, according to the Federal Trade Commission. But now, thanks to a new law, fixing credit errors has been made easier.

In the past, credit bureaus could claim that there wasn't much they could do to help consumers. Under the new law, if you notify a credit bureau that your file contains an error, they must investigate your claim within thirty days by giving the creditor who made the mistake whatever evidence you submit to prove that the information is inaccurate. The creditor must then review this and report its findings to the bureau. Afterward, you get a written report of the investigation and a copy of your credit history if any changes result. To check the accuracy of your credit report, call any of the three major credit bureaus: Equifax (800-685-1111), Experian (800-682-7654) or Trans Union (800-916-8800). —Bill Dorman, *Your Money*



Quote Of The Month

"Any woman who will tell you her true age will tell you anything."
—Joan Collins, on *Larry King Live*



Prescription Drug Alert

When it comes to prescription drugs, you may not be getting the best medicine. Consumer groups are charging that both pharmacists and doctors are under increasing pressure to substitute one drug for another, a practice that can seriously affect your health.

"We're not just talking about a switch from brand name to generic, but to a different patented drug," says Mark Green, public advocate for the City of New York. The pressure, he says, is coming from pharmaceutical benefit managers, or PBMs, who determine which drugs your health insurance covers. According to Green, the three largest PBMs are owned by pharmaceutical companies and often pressure physicians and pharmacists to rewrite or switch prescriptions to drugs their firms manufacture. Half of all insured Americans are enrolled in PBM programs, a number that is expected to grow, adds the Consumer Federation of America.

A [illegible] found that more than half of doctors said that patients reported side effects after such substitutions. PBMs contend that substitutions are cost-effective *and* voluntary. The Food and Drug Administration is conducting an investigation.

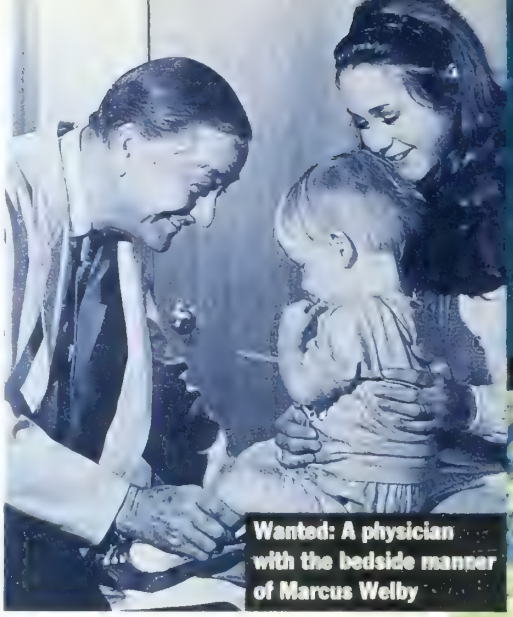
Stress Adds Inches

New studies show that repeated stress really *can* expand your waistline.

Researchers have long known that chronic stress can be blamed for the "midnight munchies" and other abnormal eating patterns. But the latest research on animals at the University of California, San Francisco, indicates that it's not just eating more that causes a bigger middle. Prolonged stress brings on increased levels of a class of steroid hormones, explains researcher Mary Dallman, Ph.D. When these hormones act together with insulin, the pancreatic hormone triggered by eating, they actually redistribute calories from muscle to fat, particularly in the abdominal area. This may play a role in abdominal obesity, which is strongly associated with increased incidences of diabetes, heart disease and stroke.

—Al Hinman, *Your Health*

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Use only a qualified contractor—sorry, Tim—for your home improvements

HOW TO FIND THE RIGHT DOCTOR

. . . lawyer, contractor and child-care provider. This comprehensive guide will help you pick the the best person for the job.

By Andrea Rock

When Linda and Anthony Falcone, both forty-four, of Eagan, Minnesota, decided to refinish their basement in 1994, they had no idea they were embarking on what they now call "the ultimate nightmare." The Falcones got bids from several contractors; they opted to go with one whose $8,800 estimate for the project was about half that of the highest bidder.

What they didn't know was that the contractor was the target of a fraud investigation by the state attorney general's office. The Falcones paid $2,200 when the work began and another $2,200 a few weeks later. The contractor then refused to proceed unless the couple gave him more money. "At that point, we decided we didn't even want him in our house, so we hired our own electricians and plumbers to complete the job," says Linda. The work dragged on for another seven months and ended up costing close to $17,000. "It's a good thing we have a strong marriage," she says. "Otherwise, I don't know how we would have survived."

As the Falcones' experience demonstrates, choosing the wrong person for the job—whether you're searching for a contractor, an attorney or a doctor—can cost you plenty. To help you avoid such disasters, we chose the four top categories of professional help and asked experts how to find the best in each field.

DOCTORS

Whether you're in an HMO—and your choice of a doctor is limited to those who participate in the program—or a fee-for-service health-care plan, the best sources of information about doctors are nurses. "Nurses who work day in and day out with doctors really know what's going on," says Charles Inlander, president of The People's Medical Society, a consumer health advocacy organization in Allentown, Pennsylvania. (If you don't know any R.N.s to ask, chances are one of your friends or neighbors does. Check around.)

If your choice of doctors is not limited by your insurance, you can also consult directories sponsored by local hospitals or medical societies. While these are not unbiased sources of information, you'll at least be able to compile a list of physicians in the categories and locations you want. Finally, ask friends for names of doctors they would highly recommend.

Once you have a list of possible candidates, call each doctor's office to ask about specifics that are important to you—the hours she is available to see patients, the hospitals she is affiliated with and her fees for regular services such as yearly exams. Then, try to schedule a consultation with each physician (you will probably be charged the cost of an office visit), or talk to her on the phone. "This helps you avoid mistakes, because your prime goal is good communication with a person who will be your partner in health care," says Inlander. The topics to cover with the doctor include:

1. Her medical philosophy. If you're interviewing a primary-care physician such as an internist, ask if she is conservative, avoiding the use of medication whenever possible, or aggressive.

2. If you're interviewing *(continued)*

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specialists, ask whether they are board certified, which means they receive continuing education in their field. You can verify a specialist's certification status by calling the American Board of Medical Specialties at 800-776-2378 or consulting the group's Web site at *www.certifieddoctor.org*.

3. If you suffer from a chronic condition such as asthma or diabetes, ask how many other such patients the doctor treats and what her approach is.

4. Ask how after-hours calls and emergencies are covered. This is particularly important in the case of primary-care physicians.

Call your state medical-licensing board to check whether your doctor has ever had her license revoked or suspended.

Unfortunately, the aggressiveness of these boards in disciplining doctors for substandard care varies greatly from state to state. According to Public Citizen, a consumer health advocacy group in Washington, D.C., fewer than one third of incompetent doctors across the country have been prevented from practicing even temporarily by the state medical boards charged with monitoring them. To help patients identify problem physicians, Public Citizen has come up with state-by-state listings of questionable doctors in the U.S. Consumers can order individual listings for their states. For more information, call Public Citizen at 202-588-1000.



Do your homework to find a child-care provider you can trust

Pick your doctor with care: More than two thirds of incompetent physicians in the United States are still practicing medicine

BUILDING CONTRACTORS

Inferior work or fraud by contractors is the most common complaint by American consumers, according to the Better Business Bureau. To decrease the odds that you'll be among the more than one million people filing such complaints each year, start your search for a contractor with referrals. Ask friends for the names of contractors who have done a good job for them, and get recommendations at your local lumber yard or building-supply center.

Then, ask each contractor on your list for the names and phone numbers of several former clients who have undergone renovations that are comparable to yours. "If you ask them pointed questions, even customers who may be biased in favor of the contractor can't help but give you a clear picture of how good he really is," says John Rusk, a New York City contractor and author of *On Time and On Budget: A Home Renovation Survival Guide* (Doubleday, 1996). The most important questions to ask:

1. How accurate and complete was the contractor's budget for the project? Did he price alternate plans (for instance, top-of-the-line versus less-expensive materials)?

2. Did he respect time constraints, from appointments to deadlines?

3. How organized was he in keeping design decisions, plans and contracts straight?

4. What kind of problems have they had with the project since completion? Were those problems promptly fixed?

5. Did they enjoy working with the contractor?

6. And, finally, can you stop by to see the contractor's work firsthand?

Inaccurate bids are the source of most construction nightmares, says Rusk. So if you're contemplating a major project such as a kitchen renovation or room addition, it's worthwhile to hire one of your finalists (at a cost of about $250) to prepare a detailed bid complete with prices of the building materials he'd use, and input from subcontractors, such as plumbers or electricians. That way, you can ask the other contractors on your list to give you bids that include the specific building materials needed for your renovation—for instance, asphalt versus cedar shingles, and so on. Your goal, of course, is to find the lowest reasonable bid. But if one candidate's bid is significantly lower than all the others using the same materials, either the contractor plans to cut costs on labor or he's not trustworthy.

Before signing a contract, check with the Better Business Bureau and the local licensing authority (typically called the Department of Buildings and listed under "city government" in your phone book) to ensure that the contractor you've selected has no unresolved complaints against him. Use both the name of the business and the name of the person who heads the company when making inquiries. Even more important, check the contractor's standing with your state attorney general's office. Finally, ask the contractor to show you proof that he carries liability insurance and a workers' compensation policy. If he doesn't, you may be liable if a worker is injured on your property. (As added protection, make sure your homeowner's insurance covers liability, as well.)

(continued)

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FIND THE RIGHT DOCTOR

Continued

If everything checks out, request a written contract specifying what materials will be used, what subcontractors will be hired, who will be responsible for building permits, a time frame for the project and a schedule of payments. Typically, you pay between 20 and 30 percent of the total when the job starts, 10 percent upon completion and the remainder halfway through the project or at several points along the way. When you're making interim payments to the contractor, check with subcontractors to ensure that they're being paid on schedule. Otherwise, they can hold you financially responsible—and even put a lien against your property. Your contract should also include a one-year warranty on the work.

LAWYERS

"Attorneys generally charge one hundred to two hundred dollars an hour. Such a big investment demands that you comparison shop," says Theresa Meehan Rudy, program director for Help Abolish Legal Tyranny, a consumer legal-rights organization in Washington, D.C.

To begin your search, come up with a list of at least three to five attorneys who are experienced in your type of case and whose offices are geographically convenient (lawyers generally charge for their transportation time and costs to any meetings). You can start with the *Martindale-Hubbell Law Directory*—available at your local library—which lists background information on attorneys throughout the country. A strong recommendation from a friend or business associate is also worth checking out. But don't expect to get completely unbiased information from any source, including the local bar association or legal referral services advertised on TV; these groups are often funded by lawyers.

Once you have your list of possibilities, call each of them and ask the following questions:

1. Have you handled cases like mine before? Ask for names a phone numbers of a few clients w similar problems. In every state b Oregon, Florida and Arizona, i nearly impossible to check wheth lawyers have had complaints lodg against them because state bar ass ciations or other disciplinary agenc keep such information private. checking with other clients is vital.

2. What is the usual fee for t type of case? Will you sign a f agreement? If a lawyer refuses, i best to look elsewhere.

3. How many years have you be in practice? In general, the more perience an attorney has, the better

4. How will I be updated on progress in my case?

5. Do you carry malpractice ins ance? This will increase your odds financial recovery if you lose your c due to the attorney's incompeten and decide to file suit against him.

"If a lawyer is evasive about swering any of these questions, cr him off your list," advises Rudy.

The information you rece through the phone interviews w help you winnow your list down two or three attorneys. Set up an pointment to meet with your finali many attorneys offer free initial c sultations ranging from fifteen thirty minutes. To make the most your visit, bring a one-page summ of your situation. Then, focus finding out what services the law will perform on your behalf, h long he anticipates your case take to resolve and how you'll charged. Finally, decide if the at ney is someone you'll feel comf able working with.

Once you make your decisi draft a written fee agreement w the attorney before any work beg The document should spell whether you'll be charged a flat or an hourly rate. If the fee is hou suggest a clause in which the law estimates how many hours will required and agrees to obtain y permission before exceeding t number. If a retainer is require as is often the case in a divorc personal-injury *(continued on page*

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Depression isolates.

Depression can make you feel all alone in the world. Especially when you're around people who think depression is all in your head. Well, it's not. Depression is a real illness with real causes. It can appear suddenly, for no apparent reason. Or it can be triggered by stressful life events, like losing a job or having a chronic illness.

When you're clinically depressed, one thing that can happen is the level of serotonin (a chemical in your body) may drop. So you may have trouble sleeping. Feel unusually sad or irritable. Find it hard to concentrate. Lose your appetite. Lack energy. Or have trouble feeling pleasure.

These are some of the symptoms that can point to depression–especially if they last for mor than a couple of weeks and if normal, everyday lif feels like too much to handle.

To help bring serotonin levels closer to norma the medicine doctors now prescribe most often is Prozac.® Prozac isn't a "happy pill." It's not a tranquilizer. It won't take away your personality. Depression can do that, but Prozac can't.

Prozac has been carefully studied for nearly 10 years. Like other antidepressants, it isn't habit forming. But some people do experience mild side effects, like upset stomach, headaches, difficulty sleeping, drowsiness, anxiety and nervousness. These tend to go away within a few



Prozac can help.

prozac

Prozac®
fluoxetine hydrochloride

Brief Summary Consult the package insert for complete prescribing information.

Indications: For the treatment of depression, obsessive-compulsive disorder (OCD), and bulimia nervosa.

Contraindications Known hypersensitivity to Prozac

Monoamine Oxidase Inhibitors - There have been reports of serious sometimes fatal reactions in patients receiving fluoxetine in combination with an MAOI and in patients who have recently discontinued fluoxetine and are then started on an MAOI. Some cases presented with features resembling neuroleptic malignant syndrome

Wait at least 14 days between discontinuing an MAOI and starting therapy with Prozac. Because of the long half-lives of fluoxetine and its active metabolite, wait at least 5 weeks (or longer, if fluoxetine has been prescribed chronically and/or at higher doses) between discontinuing Prozac and starting therapy with an MAOI Prozac should not be used concomitantly with MAOIs

Warnings: *Rash and Possibly Allergic Events*—In US fluoxetine clinical trials, 7% of 10,782 patients developed various types of rashes and/or urticaria. Among the cases reported in premarketing clinical trials, almost a third of these discontinued therapy because of rash and/or associated systemic signs or symptoms. Reported in association with rash were fever, leukocytosis, arthralgias, edema, carpal tunnel syndrome, respiratory distress, lymphadenopathy, proteinuria, and mild transaminase elevation. Most patients improved promptly upon discontinuation of fluoxetine and/or adjunctive treatment with antihistamines or steroids, and all were reported to recover completely.

Of 2 patients who developed a serious cutaneous systemic illness during premarketing clinical trials, 1 was considered to have a leukocytoclastic vasculitis, and the other, a severe desquamating syndrome considered variously to be a vasculitis or erythema multiforme Other patients have had systemic syndromes suggestive of serum sickness

Since the introduction of Prozac, systemic events possibly related to vasculitis have developed in patients with rash. Although these events are rare, they may be serious, involving the lung, kidney, or liver. Death has been reported to occur in association with these systemic events

Anaphylactoid events, including bronchospasm, angioedema, and urticaria alone and in combination, have been reported

Pulmonary events, including inflammatory processes of varying histopathology and/or fibrosis, have been reported rarely. These events have occurred with dyspnea as the only preceding symptom

Whether these systemic events and rash have a common underlying cause or are due to different etiologies or pathogenic processes is not known. Upon the appearance of rash or of other possibly allergic phenomena for which an alternative etiology cannot be identified, Prozac should be discontinued

Precautions:—*General*—The following events occurred in controlled clinical trials See Tables 1 and 2 also

- Akathisia and Insomnia
- *Altered Appetite and Weight*—Significant weight loss may be an undesirable result of treatment. Weight change should be monitored during treatment of bulimia
- *Activation of Mania/Hypomania*—In all US Prozac clinical trials, reported by 0.7% of 10,782 patients
- *Seizures*—Introduce Prozac with care in patients with a history of seizures. In all US Prozac clinical trials, 0.2% of 10,782 patients reported convulsions
- *Suicide*—Close supervision of high-risk patients should accompany initial drug therapy
- *Long Elimination Half-Lives of Fluoxetine and Its Metabolites*—Because of the long elimination half-lives of the parent drug (1 to 3 days after acute administration and 4 to 6 days after chronic administration) and its major active metabolite (4 to 16 days after acute and chronic administration), changes in dose will not be fully reflected in plasma for several weeks, affecting both strategies for titration to final dose and withdrawal from treatment
- *Use in Patients With Concomitant Illness*—Caution is advisable in patients with diseases or conditions that could affect metabolism or hemodynamic responses.
- *Interference With Cognitive and Motor Performance*—Patients should be cautioned about operating hazardous machinery, including automobiles, until they are reasonably certain that the drug does not affect them adversely
- *Information for Patients*—Physicians should advise their patients to notify them if they
  - are taking or plan to take any prescription or over-the-counter drugs or alcohol
  - become pregnant or intend to become pregnant during therapy
  - are breast feeding an infant
  - develop a rash or hives
- Drug Interactions
  - Drugs Metabolized by P450IID6—Therapy with medications that are predominantly metabolized by the P450IID6 system, especially those that have a relatively narrow therapeutic index (eg, flecainide, vinblastine, and tricyclic antidepressants) should be initiated at the low end of the dosage range if a patient is receiving fluoxetine concurrently or has taken it in the previous 5 weeks. Alternately, the addition of fluoxetine to the treatment regimen of a patient already receiving a drug metabolized by P450IID6 may require a decreased dose of the original medication
  - Drugs Metabolized by Cytochrome P450IIIA4—Data indicate that fluoxetine's extent of inhibition of cytochrome P450IIIA4 activity is not likely to be of clinical significance
  - CNS Active Drugs—Caution is advised. Consideration should be given to using lower initial doses of the concomitantly administered drugs, using conservative titration schedules, and monitoring of clinical status.

    Anticonvulsants—Patients on stable doses of phenytoin and carbamazepine have developed elevated plasma anticonvulsant concentrations and clinical anticonvulsant toxicity.

    Antipsychotics—Some clinical data suggest a possible pharmacodynamic and/or pharmacokinetic interaction between SSRIs and antipsychotics

    Benzodiazepines—The half-life of concurrently administered diazepam may be prolonged in some patients. Coadministration of alprazolam and fluoxetine has resulted in increased alprazolam plasma concentrations and in further psychomotor performance decrement due to increased alprazolam levels

    Lithium—There have been reports of both increased and decreased lithium levels and lithium toxicity.

    Tryptophan—Five patients receiving tryptophan experienced adverse reactions, including agitation, restlessness, and gastrointestinal distress

    Monoamine Oxidase Inhibitors—See Contraindications

    Other Antidepressants—Previously stable plasma levels of imipramine and desipramine have increased greater than 2- to 10-fold when concomitantly administered with fluoxetine.
  - Drugs Tightly Bound to Plasma Proteins—A shift in plasma concentrations or displacement of fluoxetine may result in adverse effects
  - Warfarin—Reports of altered anti-coagulant effects, including increased bleeding Careful coagulation monitoring is recommended when fluoxetine is

Electroconvulsive Therapy—Rare reports of prolonged seizures in patients on

Carcinogenesis, Mutagenesis, Impairment of Fertility—There is no evidence of carcinogenicity, mutagenicity, or impairment of fertility with Prozac.

Pregnancy—*Pregnancy Category C*—In embryo-fetal development studies in rats and rabbits, respectively, the MRHD (maximum recommended human dose) of 80 mg on a mg/m² basis throughout organogenesis. In the surviving offspring of rats treated at 1.5 times the MRHD, there was no evidence of developmental neurotoxicity. However, in rat reproduction studies, an increase in stillborn pups, a decrease in pup weight, and an increase in pup deaths during the first 7 days postpartum occurred following maternal exposure to 1.5 or 0.9 times the MRHD on a mg/m² basis during gestation or gestation and lactation, respectively. Prozac should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus

- *Labor and Delivery*—The effect of Prozac is unknown. Prozac should be used only if the potential benefit justifies the potential risk to the fetus.
- *Nursing Mothers*—Prozac is excreted in human milk. Nursing while on Prozac is not recommended.
- *Pediatric Use*—Safety and effectiveness in pediatric patients have not been established
- *Usage in the Elderly*—Evaluation of patients over age 60 who received Prozac, 20 mg, daily revealed no unusual pattern of adverse events relative to the clinical experience in younger patients. However, these data are insufficient to rule out possible age-related differences during chronic use, particularly in elderly patients with concomitant systemic illnesses or those receiving concomitant drugs.
- *Hyponatremia*—Hyponatremia (some cases with serum Na lower than 110 mmol/L) has been reported which appeared to be reversible on drug discontinuation. Some cases were possibly due to SIADH, and the majority have been in older patients and those taking diuretics or who were otherwise volume depleted
- *Platelet Function*—Rare reports of altered platelet function and/or abnormal results from laboratory studies in patients taking fluoxetine. While there have been reports of abnormal bleeding in several patients taking fluoxetine, it is unclear whether fluoxetine had a causative role.

Adverse Reactions: It is important to emphasize that events reported during therapy were not necessarily caused by it.

Incidence in US Placebo-Controlled Clinical Trials (excluding data from extensions of trials)—Table 1 enumerates pooled data on treatment-emergent adverse events that occurred in 2% or more patients treated with Prozac and with incidence greater than placebo in the treatment of depression, OCD, or bulimia. See full prescribing information for table of treatment-emergent adverse events for each indication.

Table 1.

TREATMENT-EMERGENT ADVERSE EVENTS
INCIDENCE IN US DEPRESSION, OCD, AND BULIMIA
PLACEBO-CONTROLLED CLINICAL TRIALS

	Percentage of Patients Reporting Event	
	Depression, OCD, and bulimia combined	
Body System/ Adverse Event*	Prozac (N=2444)	Placebo (N=1331)
Body as a Whole		
Headache	21	20
Asthenia	12	8
Flu Syndrome	5	4
Fever	2	1
Cardiovascular System		
Vasodilatation	3	1
Palpitation	2	1
Digestive System		
Nausea	23	10
Diarrhea	12	8
Anorexia	11	3
Dry mouth	10	7
Dyspepsia	8	5
Flatulence	3	2
Vomiting	3	2
Metabolic and Nutritional disorders		
Weight loss	2	1
Nervous System		
Insomnia	20	11
Anxiety	13	8
Nervousness	13	8
Somnolence	13	6
Dizziness	10	7
Tremor	10	3
Libido decreased	4	—
Respiratory System		
Pharyngitis	5	4
Yawn	3	—
Skin and Appendages		
Sweating	8	3
Rash	4	3
Pruritus	3	2
Special Senses		
Abnormal vision	3	1

*Included are events reported by at least 2% of patients taking Prozac, except the following events, which had an incidence on placebo ≥ Prozac (depression, OCD, and bulimia combined): abdominal pain, abnormal dreams, accidental injury, back pain, chest pain, constipation, cough increased, depression (includes suicidal thoughts), dysmenorrhea, gastrointestinal disorder, infection, myalgia, pain, paresthesia, rhinitis, sinusitis, thinking abnormal.
—Incidence less than 1%.



Associated With Discontinuation in US Placebo-Controlled Clinical Trials (excluding data from extensions of trials)—Table 2 lists the adverse events associated with discontinuation of Prozac treatment (incidence at least twice that for placebo and at least 1% for Prozac in clinical trials) in depression, OCD, and bulimia

Other Events Observed In All US Clinical Trials—Frequent adverse events are defined as those occurring on 1 or more occasions in at least 1/100 patients. Infrequent adverse events are those occurring in 1/100 to 1/1,000 patients; rare events are those occurring in less than 1/1,000 patients

Prozac® (fluoxetine hydrochloride)

Table 2.

MOST COMMON ADVERSE EVENTS ASSOCIATED WITH
DISCONTINUATION IN US DEPRESSION, OCD, AND BULIMIA
PLACEBO-CONTROLLED CLINICAL TRIALS

Depression, OCD, and bulimia combined	Depression	OCD	Bulimia
—	—	Anxiety (2%)	—
Insomnia (1%)	Insomnia (1%)	—	Insomnia (2%
—	Nausea (1%)	—	—
Nervousness (1%)	Nervousness (1%)	—	—
—	—	Rash (3%)	—

Body as a Whole—*Frequent:* chills; *Infrequent:* chills and fever, face ede intentional overdose, malaise, pelvic pain, suicide attempt; *Rare:* abdom syndrome acute, hypothermia, intentional injury, neuroleptic malignant syndro photosensitivity reaction

Cardiovascular System—*Frequent:* hemorrhage, hypertension; *Infrequ* angina pectoris, arrhythmia, congestive heart failure, hypotension, migra myocardial infarct, postural hypotension, syncope, tachycardia, vascular headа *Rare:* atrial fibrillation, bradycardia, cerebral embolism, cerebral ische cerebrovascular accident, extrasystoles, heart arrest, heart block, pallor, perip vascular disorder, phlebitis, shock, thrombophlebitis, thrombosis, vasospa ventricular arrhythmia, ventricular extrasystoles, ventricular fibrillation.

Digestive System—*Frequent:* increased appetite, nausea and vomit *Infrequent:* aphthous stomatitis, cholelithiasis, colitis, dysphagia, eructat esophagitis, gastritis, gastroenteritis, glossitis, gum hemorrhage, hyperchlorhy increased salivation, liver function tests abnormal, melena, mouth ulcerat nausea/vomiting/diarrhea, stomach ulcer, stomatitis, thirst; *Rare:* biliary p bloody diarrhea, cholecystitis, duodenal ulcer, enteritis, esophageal ulcer, incontinence, gastrointestinal hemorrhage, hematemesis, hemorrhage of co hepatitis, intestinal obstruction, liver fatty deposit, pancreatitis, peptic ulcer, hemorrhage, salivary gland enlargement, stomach ulcer hemorrhage, ton edema.

Endocrine System—*Infrequent:* hypothyroidism; *Rare:* diabetic acido diabetes mellitus.

Hemic and Lymphatic System—*Infrequent:* anemia and ecchymosis; *R* blood dyscrasia, hypochromic anemia, leukopenia, lymphedema, lymphocyt petechia, purpura, thrombocythemia, thrombocytopenia.

Metabolic and Nutritional—*Frequent:* weight gain; *Infrequent:* dyhydra generalized edema, gout, hypercholesteremia, hyperlipemia, hypokale peripheral edema; *Rare:* alcohol intolerance, alkaline phosphatase increased, increased, creatine phosphokinase increased, hyperkalemia, hyperurice hypocalcemia, iron deficiency anemia, SGPT increased.

Musculoskeletal System—*Infrequent:* arthritis, bone pain, bursitis, leg cra tenosynovitis; *Rare:* arthrosis, chondrodystrophy, myasthenia, myopathy, myo osteomyelitis, osteoporosis, rheumatoid arthritis.

Nervous System—*Frequent:* agitation, amnesia, confusion, emotional la sleep disorder; *Infrequent:* abnormal gait, acute brain syndrome, akathisia, ap ataxia, buccoglossal syndrome, CNS depression, CNS stimula depersonalization, euphoria, hallucinations, hostility, hyperkinesia, hypert hypesthesia, incoordination, libido increased, myoclonus, neuralgia, neurop neurosis, paranoid reaction, personality disorder,* psychosis, vertigo; abnormal electroencephalogram, antisocial reaction, circumoral paresthesia, c delusions, dysarthria, dystonia, extrapyramidal syndrome, foot c hyperesthesia, neuritis, paralysis, reflexes decreased, reflexes increased, stup

Respiratory System—*Infrequent:* asthma, epistaxis, hiccup, hyperventil *Rare:* apnea, atelectasis, cough decreased, emphysema, hemopt hypoventilation, hypoxia, larynx edema, lung edema, pneumothorax, stridor.

Skin and Appendages—*Infrequent:* acne, alopecia, contact dermatitis, ec maculopapular rash, skin discoloration, skin ulcer, vesiculobullous rash; furunculosis, herpes zoster, hirsutism, petechial rash, psoriasis, purpuric pustular rash, seborrhea

Special Senses—*Frequent:* ear pain, taste perversion, tinnitus; *Infrequ* conjunctivitis, dry eyes, mydriasis, photophobia; *Rare:* blepharitis, deaf diplopia, exophthalmos, eye hemorrhage, glaucoma, hyperacusis, iritis, parc scleritis, strabismus, taste loss, visual field defect

Urogenital System—*Frequency:* urinary frequency; *Infrequent:* abor albuminuria, amenorrhea,† anorgasmia, breast enlargement, breast pain, cy dysuria, female lactation,† fibrocystic breast,† hematuria, leukorr menorrhagia,† metrorrhagia,† nocturia, polyuria, urinary incontinence, u retention, urinary urgency, vaginal hemorrhage†; *Rare:* breast engorge glycosuria, hypomenorrhea,† kidney pain, oliguria, priapism,† ut hemorrhage,† uterine fibroids enlarged.†

*Personality disorder is the COSTART term for designating nonaggre objectionable behavior.

†Adjusted for gender.

Postintroduction Reports—Voluntary reports of adverse events temp associated with Prozac that have been received since market introduction ar may have no causal relationship with the drug include the following: ag anemia, atrial fibrillation, cerebral vascular accident, cholestatic jau confusion, dyskinesia (including, for example, a case of buccal-lingual-mast syndrome with involuntary tongue protrusion reported to develop in a 77-y female after 5 weeks of fluoxetine therapy and which completely resolved next few months following drug discontinuation), eosinophilic pneum epidermal necrolysis, erythema nodosum, exfoliative dermatitis, gynecor heart arrest, hepatic failure/necrosis, hyperprolactinemia, immune-r hemolytic anemia, kidney failure, misuse/abuse, movement disorders develo patients with risk factors including drugs associated with such even worsening of preexisting movement disorders, neuroleptic malignant sync like events, pancreatitis, pancytopenia, priapism, pulmonary embolis prolongation, Stevens-Johnson syndrome, sudden unexpected death, s ideation, thrombocytopenia, thrombocytopenic purpura, vaginal bleeding af withdrawal, and violent behaviors.

Overdosage: Prominent symptoms of overdose included nausea and vomi well as agitation, restlessness, hypomania, and other signs of CNS excitati

In managing overdosage, consider the possibility of multiple drug involv A specific caution involves patients taking or recently having taken fluoxeti might have ingested excessive quantities of a TCA. Accumulation of the tricyclic and an active metabolite may increase the possibility of clinically sig sequelae and extend the time needed for close medical observation (see Antidepressants *under* Precautions).

Reports of death attributed to overdosage of fluoxetine alone hav extremely rare.

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Additional information available to the profession on request.

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ntinued from page 38

t—insert a clause stating that any used portions will be refunded.

ILD-CARE PROVIDERS

here are several options for that st precious of jobs: a caregiver for ur child. The most widely used oices are professionally operated y-care centers and family child e in a private home. Your choice o may be dictated in part by the e of your child: Many centers do t accept infants and toddlers who e not toilet-trained.

In addition to asking friends for commendations, contact local re-urce and referral agencies, which n help you develop a list of oviders. To locate the agency near-you, call the National Association Child Care Resource and Referral encies at 800-424-2246.

If you're exploring family day care, nit your search to those providers no are licensed, advises Barbara iller, spokesperson for the National sociation for the Education of oung Children, in Washington, C. "You want someone who at ist meets and preferably exceeds nimum regulations required for li-nsure and who views child care as career, not just a way to earn extra ending money," she says.

To evaluate a day-care center or nily home, visit the facility. (You'll obably have to schedule an ap-intment. But once a child is en-lled in a program, most states quire that parents be allowed to ke unannounced visits.) The most portant issues to consider:

1. How many children are cared by one person? There should be more than four infants, or seven o- and three-year-olds, per adult.

2. Are the children in the program nfortable and involved in play and ier activities? Are there plenty of s and learning materials available? the caregivers seem cheerful and ient? Do they recognize and re-ct individual differences in chil-n's abilities and interests?

3. What kind of discipline is used? Also ask how a specific situation would be handled, such as a tantrum. If you're not comfortable with the answer you get, rule out that home or center.

4. Is there someone on the premises with special training in first aid for children? What procedure would be followed in case of a medical emergency?

5. Are there two or three other parents you can call as references? Since you're likely to get only the names of people who have had positive experiences, ask the parents you call if they know of any families who were less than happy with the care provided. Contact them to find out the reasons for their dissatisfaction.

[illegible] child-care situation, ask how illness and vacations [illegible] both the child's and [illegible]

[illegible]

(Peterson's, 1996), offer a checklist of what you should not see when observing caregivers, including:

- Infants spending long periods of time in playpens or infant seats; all babies being fed, changed or put to sleep at the same time; babies fed in cribs with their bottles propped up.
- Caregivers who neglect to wash their hands after a diaper change or before feeding a baby.
- Children hurting each other with no adult intervention.
- Any physical punishment; verbal reprimand that shames a child; a caregiver reacting angrily when a toddler says no.
- Food that can cause choking being served to children under three, such as grapes, peanuts or raw carrots.

Finally, call the state agency that licenses child-care facilities to find out whether the center or home has [illegible] violations. ■

Amarea Rock is a senior writer at Money magazine.



Beating cabin fever



Are your kids climbing the walls because the weather forbids going outside to play? Mari R. Tankenoff of MindFitness, Inc., a stress-management counseling firm in Minneapolis, offers these creative indoor activities.

International Tour Borrow ethnic cookbooks from the library and let the kids select a recipe you'll prepare together. Make the experience authentic—for example, use chopsticks for Asian cuisine.

Lights, Camera, Action Have the kids write a skit, perform a play or create a mock newscast. Add music or sound effects as you videotape.

Get Artsy Outline each person's body on a long sheet of butcher paper; have the kids draw in their features and color themselves. —Arricca Elin SanSone



HELPING KIDS UNDERSTAND OLD AGE

Watching your parents deal with the limitations of their advanced years is tough, but explaining these sometimes scary conditions to grandchildren can be equally challenging. According to Charlene Vannucci, director of recreational activities at the Woodcliff Lake Manor Care Center, in Woodcliff Lake, New Jersey, the best way to accustom kids to old age is to involve them with the elderly early on. Many nursing homes welcome young visitors, and some host toddler/parent play groups. Playing games at home can also help them develop empathy: Vannucci suggests you have them try on earmuffs, as well as glasses that have been smeared with petroleum jelly, to simulate hearing loss and cataracts. Or tape their fingers together so that they can experience the frustration of arthritis. Once kids can relate, they'll become more accepting of these changes. —Gloria Geannette

Wake up, sleepyhead

If your grumpy teenager refuses to go to bed or get up on time, she's not necessarily being rebellious. While late nights have long been considered the result of cultural pressures—it's cool to stay up late gabbing with friends or watching *Letterman*—researchers say the real culprit is biology (changes during puberty that keep kids from falling asleep as early as when they were younger) combined with busy schedules. "Kids today have so much going on, it can be hard for them to turn their energy off at the end of the day," says Mary Carskadon, Ph.D., director of sleep research at E.P. Bradley Hospital, in East Providence, Rhode Island. Still, nine hours per night is necessary to avoid sleep deprivation. To help your teen get enough shut-eye, work together to create a relaxing bedtime routine by limiting late-night TV and ruling out late-night phone chats. When morning rolls around, open the curtains or turn on the lights—it's the best way to nudge sleepy bodies into wake mode. —Tara Aronson

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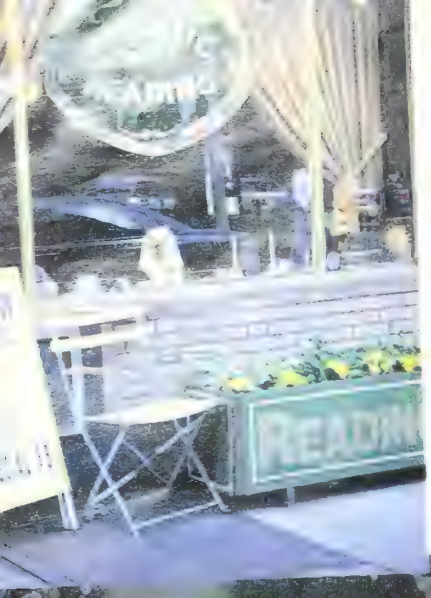


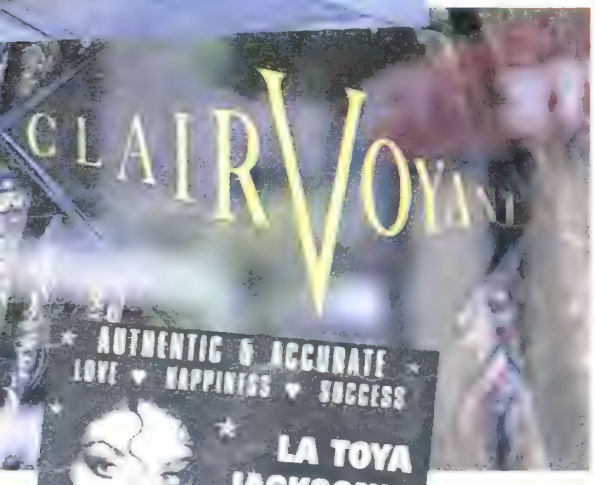
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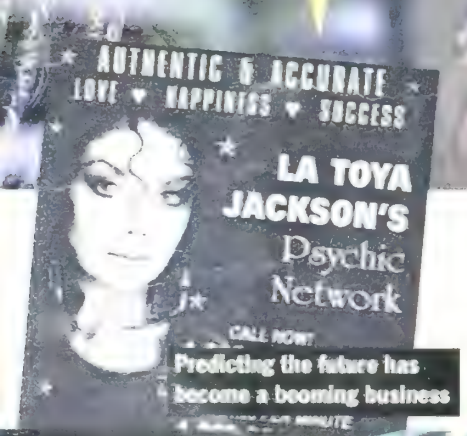


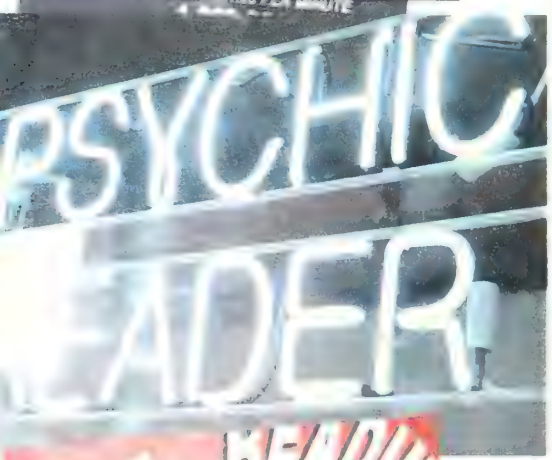
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Psychics, Psychics EVERYWHERE

More and more women today are consulting clairvoyants. Do they know something the rest of us don't? By Susan Jacoby

"You are a very giving person," says the psychic, a middle-aged woman whose encouraging smile and cheerful voice remind me of my favorite elementary-school teacher. I have to remind myself that I'm paying $50 for twenty minutes of her time. This session features a half-deck reading of traditional tarot cards, used for centuries to provide believers with emotional insight into the past, present and future.

I am not a believer. But Laura* puts me at ease immediately with her no-nonsense manner. There are no lava lamps or crystal balls—just a personal computer humming away in the next room of her third-floor apartment. So when Laura tells me I need to "set some people straight" because they're "tapping into my generosity and draining my energy," I nod my head in agreement. Yes, I sometimes do feel that the people I love expect too much of me.

*Name has been changed.

But the skeptical voice inside my head says, "Show me a woman in her forties who doesn't have family, friends and co-workers making demands on her time and energy."

I like Laura somewhat less when, at the end of the session, she tries to sell me an "aura cleansing" for another $40. Auras are energy fields that supposedly surround each of us and manifest themselves in various colors to those tuned in to the extrasensory world. I decline her offer, preferring to take my chances with a "smudged" aura.

But many other women are saying yes to such psychic services, turning fortune-telling into a fortune-making enterprise. Today, psychic forecasting has become a multimillion-dollar-a-year industry. Mixing high-tech marketing with New Age philosophy—including astrology and belief in "past lives"—the psychic business is booming. Consider:

• The Psychic Friends Network—which began airing its infomercials in 1991—now uses about 1,500 "master psychics." It is the oldest and largest of the phone psychic services, most of which charge a standard rate of $3.99 a *(continued)*



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PSYCHICS EVERYWHERE

minute. According to Mark Plakias, managing director of Strategic Telemedia, a research and consulting firm in New York City that tracks the telemarketing industry, the phone portion of the psychic business takes in more than $300 million a year.

The typical Psychic Friends caller is a woman in her thirties or forties, according to Robert Hoffman, president of Inphomation Communications Corp., the Baltimore-based infomercial company that owns the network. The infomercial sales pitch, introduced by the warm voice of spokeswoman Dionne Warwick, is geared to women's concerns about their lovelives. But the company produces numerous other types of infomercials with subjects ranging from fishing equipment to personal relationships.

- The number of psychic Web sites is expanding—though the unregulated nature of the Internet makes it impossible to say exactly how many there are. Most of these sites demand payment before doing a reading: a basic psychic forecast via E-mail normally costs $25 and up.
- Sales of psychic products, ranging from the tarot cards to the liquid-filled Magic Eight Ball (a toy in which messages resembling fortune-cookie sayings float into a little window), are growing. Nearly one million Magic Eight Balls were sold in 1996.
- Celebrities have given psychics a certain cachet. For her role in the 1997 movie *Another Woman's Wife*, Demi Moore consulted Char, a real-life psychic who frequently [illegible] talk shows.

Retired Rhode Island Senator Claiborne Pell, who kept a photograph of the famed psychic Uri Geller in his Senate office, invited Geller to demonstrate his alleged extrasensory powers by bending spoons and other psychic feats on Capitol Hill. And renowned medium Rosemary Altea—who claims a roster of celebrities, CEOs and royals as clients—now boasts two successful books and appearances on TV shows such as *PrimeTime Live*.

True believers

So why are so many of us willing to trust a stranger to tell us the future? Yvonne Chireau, Ph.D., an assistant professor of religion at Swarthmore College, in Swarthmore, Pennsylvania, points out that "there's nothing new about trying to understand the world through people who are seen as spiritually gifted." What *is* new, Chireau notes, is the merger of traditional belief in psychic powers with the mass media.

Women seem especially attracted to the psychic world. Those in the business say that the majority of their customers are women. Experts say this is not surprising. Carla Perez, M.D., a San Francisco psychiatrist, points out that "women are more likely than men to seek all types of help and counseling—whether from clergy, doctors, psychotherapists or psychic advisers."

JoAnn Magdoff, Ph.D., a New York psychotherapist, has many patients who also consult psychics. "Women go to psychics when they feel out of control and want to get a handle on their lives," she says. "It makes them feel they're not being buffeted by the wind."

Amy, thirty-eight, a divorced financial analyst for a national bank, consulted a psychic for the first time last year because she was becoming increasingly worried about whether she would ever remarry and have children. The psychic told her that she did see a relationship in Amy's future, and predicted that she probably wouldn't have more than one child. "I'm skeptical enough to realize that could be just a good guess," Amy says, "but I also believe there are some things in this world that can't be explained rationally."

For some women, consultation with a psychic seems to be an alternative to psychotherapy. "I got interested [in psychics] when my aunt told me she'd quit *(continued)*

What will happen in '98?

Just how good are psychics' predictions? We asked two top soothsayers their prophecies for the year ahead.

In Hollywood: Michael Jackson's image will improve with several surprise appearances during sister Janet's tour, according to astrologer Joyce Jillson, nationally syndicated columnist and author of *Lifesigns* (Simon & Schuster, 1983). But that's not all: He'll get back together with Lisa Marie, says Judy Hevenly, a Hollywood psychic known for her Oscar picks. Other happenings: Hollywood knocks on tennis sensation Martina Hingis's door, while Julia Roberts gets engaged—but not to anyone famous, says Jillson. Brooke Shields becomes pregnant, and Oprah *finally* marries sweetheart Stedman Graham, says Hevenly. And the Academy Award goes to . . . ? Jodie Foster will get an Oscar nomination for *Contact*, as will Kim Basinger for *L.A. Confidential*, says Hevenly, who also predicts *My Best Friend's Wedding* will be a surprise nomination for best movie.

The Royal Family: Prince Charles will give Camilla a pre-engagement ring to test public reaction, says Jillson. "They do eventually get married, and the public begins to like her because of the stability she brings to the family." Fergie and Andrew become much closer, Prince Edward marries and Prince William takes on more royal duties—though reluctantly, says Hevenly. "It may turn out that Prince Harry becomes King after William refuses because of what happened to his mother."

—Anna Roufos


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seeing a psychiatrist years ago because she got so much more help from psychics," says Geri-Ann Galanti, Ph.D., a California State University anthropologist who wrote her doctoral dissertation on psychic readers and their clients. "You go away feeling that you're a good person and you can handle whatever comes up."

Psychics say women's major concerns are romantic and marital problems, how to combine careers with motherhood, and their children's futures.

Julie,* forty, a mother of two in New Jersey, brought her fourteen-year-old daughter, Marie,* for a reading at a recent "Psychic Fair" in New York City. Julie was upset because she recently discovered that her daughter was dating an eighteen-year-old. She hoped a psychic reading would warn the girl against continuing the relationship.

Julie got what she wanted when the psychic told Marie she saw "heartbreak and disappointment" in her future. Marie was unmoved by the prediction. "After all," she explained, "my mom had just had a reading, and I'm sure the psychic saw how upset she was about me."

The great debate

But is there any evidence that predictions or information gained from such readings are more valuable than, say, a talk with a friend? Do psychic gifts actually exist? Both believers and skeptics point to scholarly studies bolstering their positions. But real-life attempts to use psychic abilities for practical purposes—in intelligence-gathering or police investigations, for instance—have failed to produce useful results.

In 1995, the Defense Intelligence Agency abandoned a twenty-year effort—which it had taken over from the CIA—to gather information about other countries through "remote viewing" by people supposedly endowed with extrasensory powers. Outside researchers, commissioned by the CIA, concluded that the government experiments had produced no results that would justify further funding.

Police use of psychics has been equally unproductive. In fact, few police departments ever hire these practitioners to investigate crimes. A recent survey of fifty major metropolitan police departments, conducted by researchers for *The Skeptical Inquirer* (a publication sponsored by the Committee for Scientific Investigation of Claims of the Paranormal, in Buffalo, New York, an organization that includes Nobel-prizewinners from around the world), found that two thirds of the police agencies had never used psychics in their investigations. In departments that had consulted psychics, not a single police official felt the information was more useful than leads supplied by other sources.

If there is no evidence that psychic powers can be put to practical use, why do so many people believe psychics offer special insight? "If you are a believer, a psychic is going to give you something to support that belief," says Paul Kurtz, chairman of the Committee for Scientific Investigation. "Psychic forecasts are couched in such general terms that they can be applied to almost anyone. If I tell you I see financial problems in your future, well, how many of us don't have some financial problems?"

According to Geri-Ann Galanti, most of the psychics she interviewed avoided making negative predictions. "The sincere psychics view themselves as counselors rather than fortune-tellers," she says.

But even psychics themselves concede that some clients need professional help for serious medical or emotional problems. "It's my absolute obligation to refer someone who's deeply troubled to a professional therapist," says Toni Imhoff, a psychic and astrologer in Lansing, Michigan. But she notes that it's virtually impossible for impersonal phone or Internet psychics to assess their clients' true emotional states.

Teresa,* a New York–based communications consultant in her early thirties, was in need of real help when she spent nearly $2,500 phoning the Psychic Friends Network over a six-month period in 1994. Teresa was suffering from manic depression—a serious condition she now controls with medication.

"I was in despair, and I was looking for answers," she says. Teresa's first psychic told her she was surrounded by guardian angels. Others told her she was suffering from unresolved conflicts left over from past lives.

By then Teresa was contemplating suicide, and she was further terrified by a psychic who told her she was surrounded by demons. "Fortunately I found a good *(continued on page 5*

PSYCHIC STRATEGIES

Six smart things to know if you decide to consult a psychic.

- **Agree on a psychic's fee in advance. The most reputable always quote a specific price for a certain amount of time. Prices for psychic readings vary considerably in different areas of the country.**
- **If you call a psychic telephone service, put a clock in front of you to remind you of how long you've been on the phone. Experts say that many of these services will try to keep you on the line to run up your bill.**
- **Once you consult a phone psychic network, you can expect to receive unsolicited calls urging you to sign up for additional services.**
- **Don't pay an extra fee to a psychic who promises to reverse a curse or head off a predicted disaster.**
- **Beware of toll-free 800 numbers that promise readings on advertisements for psychic phone services and Web sites. When you call the toll-free number, you may be transferred after a quick announcement to an expensive 900 number.**
- **Consumer complaints against psychic phone networks may be registered with your state attorney general's office, the Federal Communications Commission (1919 M Street, N.W., Washington, D.C. 20559) and the Federal Trade Commission (600 Pennsylvania Avenue, N.W., Washington, D.C. 20580). —S.J.**



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ESTROGENS PROGESTINS SHOULD NOT BE USED DURING PREGNANCY

ESTROGEN PROGESTIN DRUGS

USES OF ESTROGEN

...ovaries of normal women. The decrease in the amount of estrogen that ...usually between the ages of 45 and 55, causes menopause. Sometimes the ovaries are removed during an operation causing ...menopause. When the amount of estrogen begins to decrease, some women develop very uncomfortable symptoms, such as feelings of ...warmth in the face, neck, and chest or sudden episodes of heat and sweating ("hot flashes" or "hot flushes"). Using estrogen drugs can help ...the body adjust to lower estrogen levels and reduce these symptoms. Some women have none or only mild menopausal symptoms. In others, symptoms can be severe. These symptoms may last only a few months or longer. Taking PREMPRO can alleviate these symptoms. If you are not taking ...hormones for other reasons, such as the prevention of osteoporosis, you should take PREMPRO only as long as you need it for relief from your menopausal symptoms.

...Prevention of osteoporosis. After age 60, and especially after menopause, some women develop osteoporosis. This is a thinning of the bones that ...makes them weak and more likely to break. Often leading to fractures of spine, hip, and wrist bones. Taking estrogens after the menopause slows ...bone loss and may prevent bones from breaking. Eating foods that are high in calcium (such as dairy products) or taking calcium supplements ...(1000 to 1500 milligrams per day) and certain types of exercise may also help prevent osteoporosis. Since estrogen use is associated with some risks, ...those in the prevention of osteoporosis should be limited to women who appear susceptible to this condition. The following characteristics are often present in women who are likely to develop osteoporosis later in life: Asian race, thinness, cigarette smoking, family history, and early or surgical menopause.

WHEN ESTROGENS SHOULD NOT BE USED

...ng sign of cancer of the uterus, especially if it happens after menopause. Your doctor must find out the cause of the bleeding so that he or she can ...recommend the proper treatment. Taking estrogens without visiting your doctor can cause you serious harm if your vaginal bleeding is caused by can-...

...Some abnormal blood clotting problems. Estrogen drugs should not be used except in unusually special situations in which your doctor decides that you need estrogen therapy so much that the risks are acceptable. Women with abnormal blood clotting conditions should avoid estrogen use (see RISKS OF ESTROGENS AND/OR PROGESTINS).

After menopause. During menopause, some women develop nervous symptoms or depression. Estrogens do not relieve these symptoms. ...You may have heard that taking estrogens for years after menopause will keep your skin soft and supple and keep you feeling young. There is no evi-...

After childbirth or when breast-feeding a baby. Estrogen should not be used to try to stop the breast from filling with milk after a baby is born. Such ...treatment may increase the risk of developing blood clots (see RISKS OF ESTROGENS AND/OR PROGESTINS).

...If you are breast-feeding a baby, you should avoid using any drugs because many drugs pass through to the baby in the milk. While nursing a baby, you ...should take drugs only on the advice of your health care provider.

RISKS OF ESTROGENS AND/OR PROGESTINS

Cancer of the uterus. The risk of cancer of the uterus increases when estrogens are used alone, the longer they are used, and when larger doses are ...taken. There is a higher risk of cancer if the uterus is not removed, if you are overweight, diabetic, or have high blood pressure.

...The most commonly prescribed product you will be taking contains estrogen and progestin. This combination has been shown to provide the ...benefit of estrogen replacement therapy while reducing the risk of a precancerous condition of the uterine lining.

...Additional risks may be associated with the use of a progestin-estrogen treatment. The possible risks include unfavorable effects on blood ...fats and sugar. However, the more the dose and the shorter the duration of treatment, the more these effects are minimized. Check with your doctor ...to make sure you are using the most effective dose and only for as long as you need it.

...have ever used estrogens. However some ...ies have reported that breast cancer developed more often (up to twice the usual rates) in women who used estrogens for long periods of time (e...cially more than 10 years), or who used high doses for shorter time periods. The effects of added progestin on the risk of breast cancer are unkn...Some studies have reported a somewhat increased risk, even higher than the possible risk associated with estrogens alone. Others have not. Re...breast examinations by a health professional and monthly self-examinat on are recommended for all women.

Gallbladder disease. Women who use estrogens after menopause are more likely to develop gallbladder disease needing surgery than women ...

Inflammation of the Pancreas. Women with high triglyceride levels may have an increased risk of developing inflammation of the pancreas.

Abnormal blood clotting. Taking estrogens may increase the risk of blood clots. These clots can cause a stroke, a heart attack, or a pulmo...embolus, any of which may cause death or serious, long-term disability.

...Breast and/or bone cancer.

...ring during the first four months of pregn...

Several reports suggest an association between mothers who take these drugs in the first trimester of pregnancy and genital abnormalities in mal...female babies. The risk to the male baby is the possibility of being born with a condition in which the opening of the penis is on the underside o...than the tip of the penis (hypospadias). Hypospadias occurs in about 5 to 8 per 1,000 male births and is about doubled with exposure to these d...There is not enough information to quantify the risk to exposed female fetuses. However enlargement of the clitoris and fusion of the labia may ...although rarely.

Therefore, since drugs of this type may induce mild masculinization of the external genitalia of the female fetus, as well as hypospadias in the ...fetus, it is wise to avoid using the drug during the first trimester of pregnancy. These drugs have been used as a test for pregnancy, but such use ...longer considered safe because of possible damage to a developing baby. Also, more rapid methods for testing for pregnancy are now available. ...you take PREMPRO and later find you were pregnant when you took it, be sure to discuss this with your doctor as soon as possible.

SIDE EFFECTS WITH ESTROGENS AND/OR PROGESTINS

In addition to the risks listed above, the following side effects have been reported with estrogen and/or progestin use:

- Nausea, vomiting, pain, cramps, swelling, or tenderness in the abdomen
- Yellowing of the skin and/or whites of the eyes
- Breast tenderness or enlargement
- Enlargement of benign tumors of the uterus
- Irregular bleeding or spotting
- Change in amount of cervical secretion
- Vaginal yeast infections
- Retention of excess fluid. This may make some conditions worsen, such as asthma, epilepsy, migraine, heart disease, or kidney disease
- ...
- ...
- Headache, migraines, dizziness, faintness, or changes in vision (including intolerance to contact lenses)
- ...
- Involuntary muscle spasms
- ...
- Increase or decrease in weight
- Changes in sex drive
- Possible changes in blood sugar

REDUCING THE RISKS OF ESTROGEN/PROGESTIN USE

If you decide to take an estrogen/progestin combination, you can reduce your risks by carefully monitoring your treatment.

See your doctor regularly. While you are taking PREMPRO, it is important to visit your doctor at least once a year for a checkup. If you de...vaginal bleeding while taking estrogens, you may need further evaluation. If members of your family have had breast cancer or if you have ev...breast lumps or an abnormal mammogram (breast X-ray), you may need to have more frequent breast examinations.

Reassess your need for treatment. You and your doctor should reevaluate your need for estrogens at least every six months.

Be alert for signs of trouble. Report these or any other unusual symptoms to your doctor immediately:

- Abnormal bleeding from the vagina
- Pains in the calves or chest, a sudden shortness of breath, or coughing blood
- Severe headache or vomiting, dizziness, faintness, or changes in vision or speech, weakness or numbness of arm or leg
- Breast lumps
- Yellowing of the skin and/or whites of the eyes
- Pain, swelling, or tenderness in the abdomen

OTHER INFORMATION

Estrogens increase the risk of developing a condition (endometrial hyperplasia) that may lead to cancer of the lining of the uterus. Taking progest...another hormonal drug, with estrogens lowers the risk of developing this condition.

You should know, however, that taking estrogens *with* progestins may have unhealthy effects on blood sugar, which might m...diabetic condition worse.

Some research has shown that estrogens taken *without* progestins may protect women against developing heart disease. However, this is m...tain. The protection shown may have been caused by the characteristics of the estrogen-treated women and not by the estrogen treatment itself. ...general, treated women were slimmer, more physically active, and were less likely to have diabetes than the untreated women. These characte...

It is important to discuss, in detail, with your doctor or health care provider, all the possible risks and benefits of long... estrogen and progestin treatment as they affect you personally.

...ead more as your doctor or pharmacist to let y...the professional labeling.

This Brief Summary for Direct-to-Consumer Advertising is based on the current PREMPRO Tablets insert (PI 4665-3) revised May 2... with the incorporation, in lay language, of pertinent text from the Physician Insert (CI 4664-3) revised May 21, 1997.

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PSYCHICS EVERYWHERE

...

doctor and got stabilized on medication," she says. "But I really feel it could have ended in tragedy if I hadn't gotten help."

Is the Psychic Friends Network concerned about callers like Teresa who might be substituting untrained phone psychics for the medical or psychiatric help they need? "There are people who should be on good diets who shouldn't be eating at McDonald's, but does McDonald's say, 'I can't serve you, you're too fat, you should really be eating at a salad bar'?" asks Robert Hoffman, the network's president. "No, they give them a Big Mac."

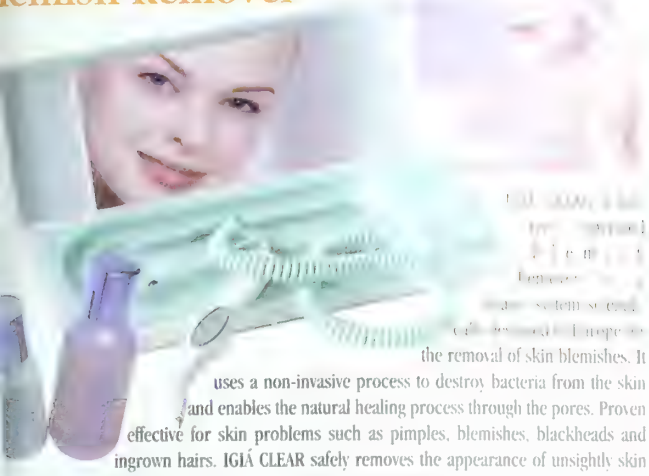
Imhoff says the kind of dependency Teresa describes should be a danger signal for anyone consulting a psychic. Another warning sign is a terrifying prediction followed by a demand for more money. "Some psychics will tell you you're cursed or you're going to get cancer . . . but for three hundred dollars the curse can be reversed," Imhoff says. "Reputable psychics never deal with clients this way."

In my own visits with psychics, I never received an evaluation that could have caused severe distress. ...did notice, however, that psychi... can become combative if their obse...vations are challenged. At my la... session with Laura, when I raised t... question of my health, she advis... me to eat lots of steamed beets a... was annoyed when I wrinkled up m... nose at the suggestion.

Apparently, her psychic powe... failed to discern that beets have a... ways made me break out in hives.

Susan Jacoby has written for such national publications as Cosmopolitan and Glamour.

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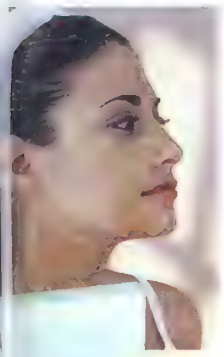


safe, mild radio frequency that is delivered through the tweezers to remove hair without touching the skin. Within seconds, electronic pulses penetrate the hair shaft causing painless cellular decomposition of the root itself. Equally effective on bikini lines, facial and body hair. Free Pre and Post Epilation Gel Cream. $99.95 plus $9.50 S/H.. Credit card orders call 1-800-523-3823 or send check or M.O. to IGIA Direct, Dept. LHEL1, 245 8th Avenue, Suite 855, New York, NY 10011.

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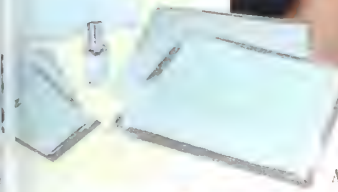


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Simply apply patches to clean, dry skin and leave on for 15-45 minutes. For optimum results, Bio Vita crescent shapes can be used daily, or at least once a week. Kit includes foil wrapped packs in various shapes for [illegible] face and neck. $49.95 plus $9.50 S/H. Credit card orders call 1-800-297-6699 or send check or M.O. [illegible] Avenue, Suite 855 New York, NY 10011



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A special personalized tribute to the most beloved Princess of our time

Your purchase will help to insure that Princess Diana's light will shine on and the important work that she began can continue. Princess Diana became an ambassador for war orphans, the sick, and the needy throughout the world. It was her wonderfully caring spirit that earned our respect—and our love. She did indeed become the "queen of hearts." When you purchase, your name will be sent to "The Diana, Princess of Wales, Memorial Fund" acknowledging your contribution in keeping her legacy of love alive.

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1997 BGE 6217-GXDR

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THE *Heart* OF PLATE [illegible]

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SEND NO MONEY NOW. I will be billed $2[illegible]
Limit: one plate per order. Please Respo[illegible]

*Plus a total of $3.69 postage and handling. [illegible]

02171188091



The Reverend Bernice King takes up her father's torch

Keeping The Faith

Nearly thirty years after the assassination of Martin Luther King, Jr., his daughter and spiritual heir proves the dream is still alive. By Audrey Edwards

Whassup, y'all? Can I get your attention?" says the woman seated on a stool before a group of black teenage boys in an Atlanta church recreation room. "What's it going to take to get more of you brothers to come to church? Y'all want to see more fine women? Is that it?" The young men, ranging in age from twelve to eighteen, grin and whoop. "Yeah!" shouts one of them. "Bring on the women!"

Talk of women seems hardly the [illegible] Christian [illegible] especially [illegible] minister. But the thirty-four-year-old Reverend Bernice A. King is not your ordinary minister. The youngest child of Coretta Scott King and the late Dr. Martin Luther King, Jr., she is remembered most vividly as the sad-faced little five-year-old who lay in her mother's lap during her father's funeral some thirty years ago—the moment forever captured in a Pulitzer-prizewinning photograph. Today, Bernice King is a nationally renowned orator in her own right, following in her legendary father's footsteps as minister, author and champion of social justice.

Through the youth and women's ministry she oversees at the Greater Rising Star Baptist Church, in Atlanta, where she is assistant pastor, King touches people the same way her father did—speaking in the deep, rolling cadence of the Black South with an eloquence that is at once simple and profound. Listeners can't help drawing comparisons to her father. But if the rhythms are her father's, the voice is her own: A compilation of her sermons, *Hard Questions, Heart Answers* (Broadway Books, 1996), proves that Bernice has her own insights about the social ills still confronting America.

In some ways, Bernice seemed the least likely of the four King children to become a minister. As an actress, older sister Yolanda, forty-two, had the earlier calling for the public spotlight. (She played Rosa Parks in the TV movie of her father's life, and more recently, the daughter of Medgar Evers in Rob Reiner's film *Ghosts of Mississippi*.) So did brothers Martin III, forty, who was just named president of the Southern Christian Leadership Conference (the organization his father co-founded back in 1957), and Dexter, thirty-six, who runs the Martin Luther King, Jr. Center for Nonviolent Social Change, in Atlanta. But when Coretta Scott King asked her youngest child to speak in her stead at a United Nations session on apartheid in 1980, Bernice discovered a talent for oratory that called to listeners' minds her father's gifts. She was seventeen.

Still, she managed to evade the call by contemplating every career *but* the ministry for the next ten years. "I wanted to be a lawyer or a politician, and I thought about majoring in communications and math before deciding on psychology," explains King, who got her *(continued)*

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Soap scum's tough.

.A. from Spelman College, in Atanta. "Then I went to graduate chool." She earned a Master of Dinity degree as well as a Doctorate f Law from Emory University, also n Atlanta. "It's not that I'm so nart," she comments about the impressive array of academic credenals. "I'm just very persistent."

And perhaps acutely aware that, ithout the credentials to back her p, people might think she was oasting on the King name. There is e added burden of being a woman what is still a male-dominated prossion. "I don't get caught up in at," she says of the gender imbalce in the clergy. "I try to bring attntion not to myself but to God."

Sadly, the youngest King has few emories of the father she so rembles. "What I remember most is e kissing game my sister and others and I played with Daddy," e recounts. "We each had our own particular spot to kiss him—the nose, the cheek, the forehead—and when he came home we'd run to him and he'd say, 'Where's Yolanda's kiss? Where's Dexter's kiss? Where's Bernice's kiss?' and I would kiss him in my spot. That's the only interaction I can recall."

King's death would ultimately become the catalyst for his daughter's call to the ministry. "I don't remember the specifics of it," Bernice says, "but when I was about eighteen, my mother [illegible] I came to her with something I'd written announcing that an inner voice was telling me I would preach, like my father."

But first, she had to get over the emotional turmoil of her father's death. "My anger at losing him so [illegible] stopped attending church, but she [illegible] that pushed you away to bring you back. What was revealed to me was that in order to reconcile with God, I had to do what my father did to understand why he had to suffer and sacrifice and die."

As with many revelations, King's came to her in a dream, one of only two she's ever had about her father. "He was sitting across from me in a chair, and I was upset at him for not being in touch. My sister Yolanda was in it, too, standing to the right of him, and she said our father had been in touch with her. My father looked at me and said, 'It's my ministry. You'll understand.'"

But not right away. Like many children who experience the trauma of losing a loved one but are too young to understand what they are feeling, Bernice had no expression for her grief nor even any real concept of death. "My mother tried to explain it. She said my father had gone to live with God and wouldn't be able to speak with me *(continued)*

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LADIES' HOME JOURNAL

THE MOST FASCINATING WOMEN OF '97

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nymore. Then I heard his voice layed at the funeral, and that led to lot of confusion."

King admits she might have benefited from therapy, especially when ne lost other close family members. My uncle, who had become my surogate father, drowned; a cousin I as close to died of a heart attack hile jogging; and my grandmother as shot and killed." A terror of eath followed, and King had recurng dreams of being pursued by ved ones who had died. "But then had a dream about my father. We ere holding hands across a desk and was talking to him about my fears. fter that, my nightmares stopped."

What advice does she have for oths—say, for example, Princes William nd Harry—who lose a parent early in fe? "The only thing I've learned is at grieving is a process and there is othing anybody can say to hasten it. he important thing is that you give yourself permission to grieve. Whatever you're feeling, feel it."

Even now, three decades later, King exhibits an edginess and an aloofness that is often the mask of those who struggle with unresolved grief. "I've been thought of as mean," she concedes. Through her ministry, though, she has found a way to turn that vulnerability into a passion for ministering to others.

"So y'all wanna see some fine women, huh?" she says to the young men gathered in the Greater Rising Star's rec room. It is Friday night, and the fact that the dozen or so teenagers have chosen to spend the evening with Bernice King at a church rap session and not in the streets speaks to her power both as a

"Yeah, you guys are so visual, so easily distracted," she continues, her voice downshifting to a slow rumble.

you correct. She'll take your money, use you and break your heart." The room explodes with more whoops and amens, followed by a rather heated discussion on the nature of relationships between men and women. By evening's end, King has shared stories of her own relationships (the high-school boyfriend she says she ruined by paying for too much and being too opinionated), delivered an insightful family-values sermon on how men and women should treat each other and convinced the young men to bring their friends to the next session.

King describes her preaching style as that of a "chameleon"—flexible, conciliatory, marked as much by listening as by talking. Dressed this evening in a close-fitting denim pantsuit, with perfectly styled hair and makeup, she resembles one of those "fine" women these boys long for. Her obvious strength is her ability to identify with her flock, to speak their language without *(continued)*

condescension. If her father was homespun, she is hip-hop. He spoke in sweeping, global terms. Her talks are intensely personal, intimate, an opportunity to share. "What I try to do in all my sermons is empower people," King explains.

She preaches about twelve times a year before Greater Rising Star's twelve hundred–member congregation, and makes a number of guest appearances at other churches around the country throughout the year. "When I asked Bernice to become assistant pastor in 1995," says the Reverend Byron L. Broussard, the thirty-six-year-old pastor of Greater Rising Star, "I knew it was imperative to have someone who was a visionary. Bernice understood what we were trying to do and accepted the challenge."

Does King still believe in her father's dream of an integrated society in which people of all races live in harmony? "I don't know if my father ever believed we would actually all live in peace," she answers slowly. "He believed in the goal—that this is what we should *strive* for. When he said we're going to get to the promised land, he meant that there's another state of existence, so keep hope alive." In fact, her favorite of her father's sermons—one not published in any of his books—is called "The Meaning of Hope."

Being a King in Atlanta is like being a Kennedy in Boston: It has its own set of expectations and pressures. "When I first started ministering, people tried to tell me what I should be doing," King says. "But I [illegible] from a lot of political [illegible] tried to get a sense of [illegible] father fulfilled his purpose. Now I have to find mine."

While the struggle her father led was for civil rights, King believes today's struggle is for civil relationships—between men and women, between blacks and whites. "We need to start confronting issues of race straight on," she says. "There needs to be a dialogue between ministries. You come to my church. I come to yours. Understanding removes the tension and fear."





Bernice on her mother's lap, with her family (top) and at her father's funeral

King believes that today's clergy have in some ways failed to keep up with the changing times, with the new tempo of society. People today are more affluent and more technologically advanced, she says, but also less content. The clergy's inability to engage today's public has, paradoxically, permitted the rise of cult figures such as David Koresh and Marshall Herff Applewhite, the leaders of the Branch Davidian and Heaven's Gate cults, respectively. "I really think God has called me to address some of these issues," says King.

Not the least daunting aspect of carrying the King name is the effect it has on romantic relationships. None of the King children has married, and Bernice acknowledges that in her case there is a double challenge. "First, I'm a King, and then when a guy hears I'm also a preacher, he thinks, Well, can I flirt with her?" She smiles. "You know," she says, "I wasn't born a preacher." But she is also very clear about what she expects in a relationship. "I believe you ought to wait until you get married to be sexually intimate," she says bluntly, adding ruefully, "Okay, I didn't do that, but I stand my ground." She would like to be married and have children, but the King family itself has set a tough standard. "There has never been a divorce in my family," she points out.

Three decades after her father's death, King's grief still surfaces in edginess and aloofness. "I've been thought of as mean," she concedes

Nor has any King before Bernice not been affiliated with the Ebenezer Baptist Church, the cornerstone of the King dynasty, the church over which both her father and her grandfather presided—and the church that was emblematic of the civil rights movement in the sixties. "I had to break away from tradition," she says of her decision to move to Greater Rising Star. There, she found greater opportunities as a minister and greater freedom to live out her own interpretation of her father's dream. "God was taking me to a whole other level," she says. In that regard, Bernice King is very much her father's daughter. And also very much her own woman. ●



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HOME FACT

How much you'll recoup from home renovations when you sell your house depends on where you live. According to *Remodeling* magazine, you can expect a 53% return on the cost of a two-story addition in Milwaukee, Wisconsin, and a whopping 126% in Austin, Texas. The national average: 83%.





BEFORE AND AFTER

A Cozy Corner

It's frigid and barren outside—all the more reason to make everything warm and homey indoors. One way to do this: "Detail" an unadorned couch in your living or family room and make the spot a real comfort zone. Start by adding direct lighting (a table lamp taking a 60-watt incandescent bulb provides warm light and is sufficient for reading) and colorful, vibrantly patterned pillows with decorative trim. The final touch: a soft chenille throw draped over the arm for cuddling up.



Nothing lasts longer
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And it's still so soft.

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Nothing This Soft
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The family with 40 kids

The Geraldis care for dozens of disabled children—and some people aren't too happy about that. By Andrea Gross

Camille Geraldi is disappointed that she's not in jail. When State Bureau of Investigation agent Charles Moody said he was going to arrest her for obstructing justice, she realized this would be another opportunity for her to fight for the disabled—something she's been doing all her life. "Arrest me," she says now. "I'd love it!"

With the help of her husband, Mike, a fifty-four-year-old pediatrician, Camille, forty-nine, cares for more than forty retarded children and adults who have been signed into her care by their biological parents or by state agencies. Everyone who knows this family agrees that Camille's work demands exceptional levels of stamina, caring and commitment. She has received many accolades, and in 1991 was honored as a Point of Light by President George Bush.

But in recent months, she has faced outside challenges much greater than mothering youngsters with disabilities. She has come under fire for her caretaking methods, her plans to continue her work and, most recently, for alleged sexual abuse by one of the volunteers who helps care for the children.

"Ninety-nine percent of this world would like to pretend that [handicapped individuals] don't exist," Camille says angrily. "I wouldn't wish this [job] on my worst enemy."

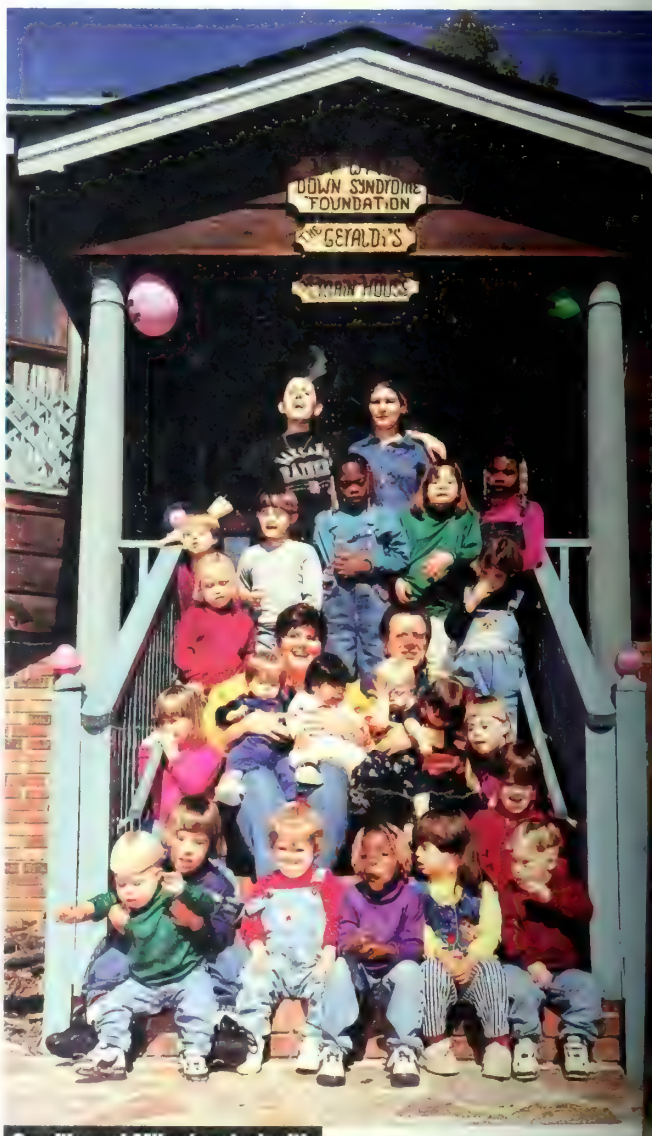
Then she relaxes and pulls out a rock that Mike gave her, carved with these words: "Jesus cured ten lepers in one day and only one came back to thank Him. Why should you expect any more gratitude than Jesus got?"

The price of a dream

Camille Geraldi first met children with Down's syndrome when she was five years old and attending the charity picnics given by her father, who owned a garment business. But ironically, when she announced years later that her life's mission was to care for youngsters like these, her father strongly disapproved. Undeterred, Camille went to nursing school to pursue her dream.

One night, Camille was off duty in the pediatric ward of a Miami hospital, cradling a critically ill infant and crooning a lullaby, when Mike, then a young resident, noticed her and asked what she was doing. She replied, "There's nobody else to be with this child as she dies." Even now, Mike's voice is filled with admiration as he tells the story. "I thought, This woman is incredible," he says.

As they grew closer, Camille told Mike she wanted to raise a houseful of mentally disabled *(continued)*



Camille and Mike (center) with the children who live in their North Carolina home. At top are Jaclyn and Renae, their biological daughters; the rest are either adopted or have been left in the Geraldis' care



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Pampers

Compare the skin they're in.

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Growing evidence suggests that diets rich in antioxidants may reduce the risk of some cancers and heart disease. A study from the USDA found that Welch's purple grape juice has more than three times the naturally-occurring antioxidants of other popular juices.

Welch's
SINCE 1869

Mike and Camille are financially responsible for all c the children; the non-adopted ones receive abou $5,800 of aid from their home states annually, plu Medicaid. Private donations and Mike's salary pay fo the rest of their $800,000-plus yearly expenses.

Until recently, the family lived together in a three house compound in Miami, with seventeen full-tim staff members and twenty to thirty volunteers. But th prejudices of the world intruded. According to Camille four of their cars have been stolen and others bad vandalized; protesters have covered their house wit graffiti, put feces on their doorstep and left them mo than a hundred nasty phone calls and notes.

Oddly, the Geraldis didn't report most of these inc dents—even the stolen cars—so the county police can confirm them, but Metro-Dade police spokesman P Brickman says such events aren't uncommon in Miam Mike and Camille, however, say the vandalism in creased whenever they received media attention.

When four houses became available on a thirty-ac mountain property in western North Carolina, the Geral is jumped at the opportunity. Camille took about half t children with her to the new compound; the rest are st in Miami for legal or medical reasons. Staff provide the hands-on care, and Mike checks on them morning an night. Eventually, he plans to sell his practice and mo to North Carolina to be with his wife, at which tin Camille's sister, Jo-Ann Haas, will be in charge in Miam

youngsters. "Maybe we could do it together," he said. Married in 1975, they launched their family with the births of Renae and Jaclyn ten months apart in 1977. But the adoption process for special-needs children was slow.

In 1986, the couple finally got a call from one of the agencies to which they'd applied. Would they be interested in a five-week-old biracial baby with Down's syndrome? Absolutely. They named her Darlene. Six weeks later, the Geraldis adopted Tiffany, a Down's child who needed immediate heart surgery; then Champ, a South American boy with Down's.

Today, the Geraldi family is a merry mix of ages, races and abilities. Fourteen are formally adopted, some nearly so, and others are in various forms of respite care, hospice care and semi-independent living arrangements. In 1987, Camille created The Possible Dream Foundation (formerly "Up With Down Syndrome Foundation"), a nonprofit channel for donations to further their work on behalf of retarded children.

A number of the Geraldis' children attend special-education classes; some stay at home with a tutor and a few are still babies. Still others may never so much as walk or talk, such as four-year-old Janeece, left in a vegetative state after nearly drowning, and Adam, five, who has an abnormally small brain.

defender.



People who follow a balanced diet that includes five or more servings of fruits and vegetables each day may lower their risk of developing some cancers. Just one six-ounce glass of Welch's Purple Grape Juice counts as one serving of fruit.

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going to confirm these
uraging findings.

Welch's

administrator of The Possible Dream Foundation, "People don't see the small miracles that happen every day. When a child who's been nonverbal says 'Mommy,' or a [profoundly retarded] child like Darlene is potty-trained, it's an incredible feeling."

Camille raises her brood with a combination of gentle love and stern discipline, emphasizing cleanliness and good manners. "For these children to ever be able to fit into society, they have to look good and act decent," she says. She makes it her aim to dispel the public's fear and ignorance of disability, spending at least two days a week in Atlanta to counsel parents of children with disabilities and doing frequent advocacy work. "You don't choose this work; you are chosen to do it," she says.

The family business

The energy, time and money it takes to run seven homes in two states is extraordinary. Mike laughs at the thought of taking a vacation or even having dinner alone with his wife during his sporadic trips to North Carolina. Having known from the start about his wife's dream, Mike, whom Camille calls "a saint," cheerfully accepts what many would consider an unorthodox marriage. He remains her biggest supporter, both emotionally and financially: Through his pediatric practice, he has bankrolled much of the foundation, contributing more than $1 million. *(continued)*

love the challenges"

all the children, Camille is "Mommy," even if they
l have some contact with their biological mothers.
hen she enters the room, they rush to greet her with
tstretched arms and delighted whoops. Camille exam-
s a piece of artwork by nine-year-old Karley Sue
ile accepting a hug from eight-year-old Adelle.

Both girls have Down's syndrome, but Adelle has
irt defects and neurological impairments as well. Oc-
ionally she lapses into an unexplained coma and has
be rushed to the hospital. Camille insists, "I love the
llenges of very sick children," though she does admit
t caring for Donovan, a toddler who was born with
wn's syndrome and massive heart malformations, a
ssing esophagus and bowel defects, is wearing her
. Camille feeds him through a tube every two hours
und the clock. Heartache shadows the Geraldis'
s, too; fifteen children have died, most of them pa-
its receiving hospice care.

Yet Camille is genuinely puzzled when asked why
puts so much effort into caring for children who
always be limited, never able to live independently.
ook at Donovan," she says, cuddling the blond boy.
e chooses to be happy. Why wouldn't I support that
him? Maybe he's living on a different level th
are, but that doesn't mean his life has any les qualhan yours or mine." Notes Adrienne Hohenberg,

and tasty, too.



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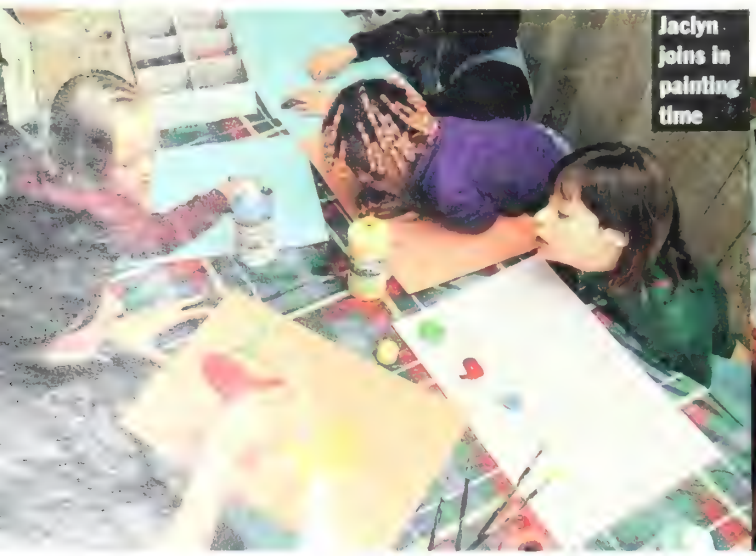
Medical Condition	Preferred Formulary Brand	Your Price	Non-Preferred Products*
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Continued

Camille gets additional support from her older daughters, who both enrolled in area colleges so they could continue to live with her. They love working with their siblings. "My mom is my inspiration, my light, my everything," says Jaclyn. "[And] I'd rather be with my brothers and sisters than my friends." Adds Renae: "There's nothing really different about our family, except that we have a lot of kids."

While Camille revels in their love and help, she still feels the stress of being hundreds of miles away from her husband. That, in turn, has contributed to her ongoing battle with obesity. In 1991, she reached a high of 438 pounds. Today, after years of yo-yoing u and down the scale, Camille weig about 200 pounds and is hoping get down to a size 16. "Fighting f the handicapped is easy for me, b cause it's a choice. But weight something I've been cursed with, a it is truly my handicap," she sa with a sigh.



Jaclyn joins in painting time



Camille's birthday

Samaritans under fire

While no one doubts the value Camille's work, ma do challenge her caret ing methods. "In ma ways, despite being v well intentioned, t practices used by t Geraldis are a little of step with where t state of the field is h in the late ninetie says Helene Good, e ecutive director of t Miami-based Commu ty Committee for Dev opmental Handicaps.

"There's nothing different about my family," says daughter Renae, who lives with her mother. "Except that we have a lot of kids"

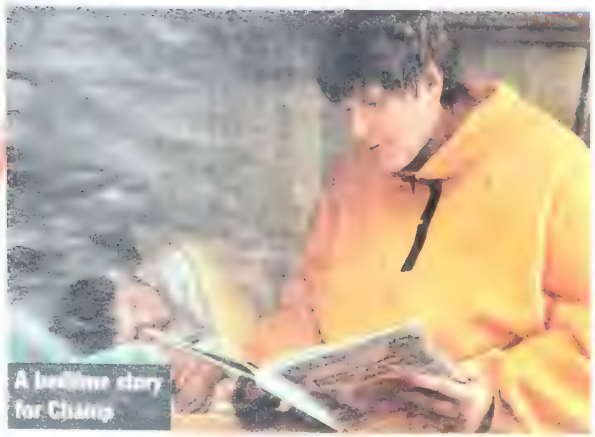
One such practice she cites is the enclosed cribs—beds that resemble big cages—in which two of the children are confined at night to keep them from wandering off or hurting themselves. Anita Bock, district administrator of the Florida Department of Children and Families, asked a panel of outside experts to investigate; they concluded that the cribs were fine, so long as they were a temporary measure.



The children know their toothbrushes by number

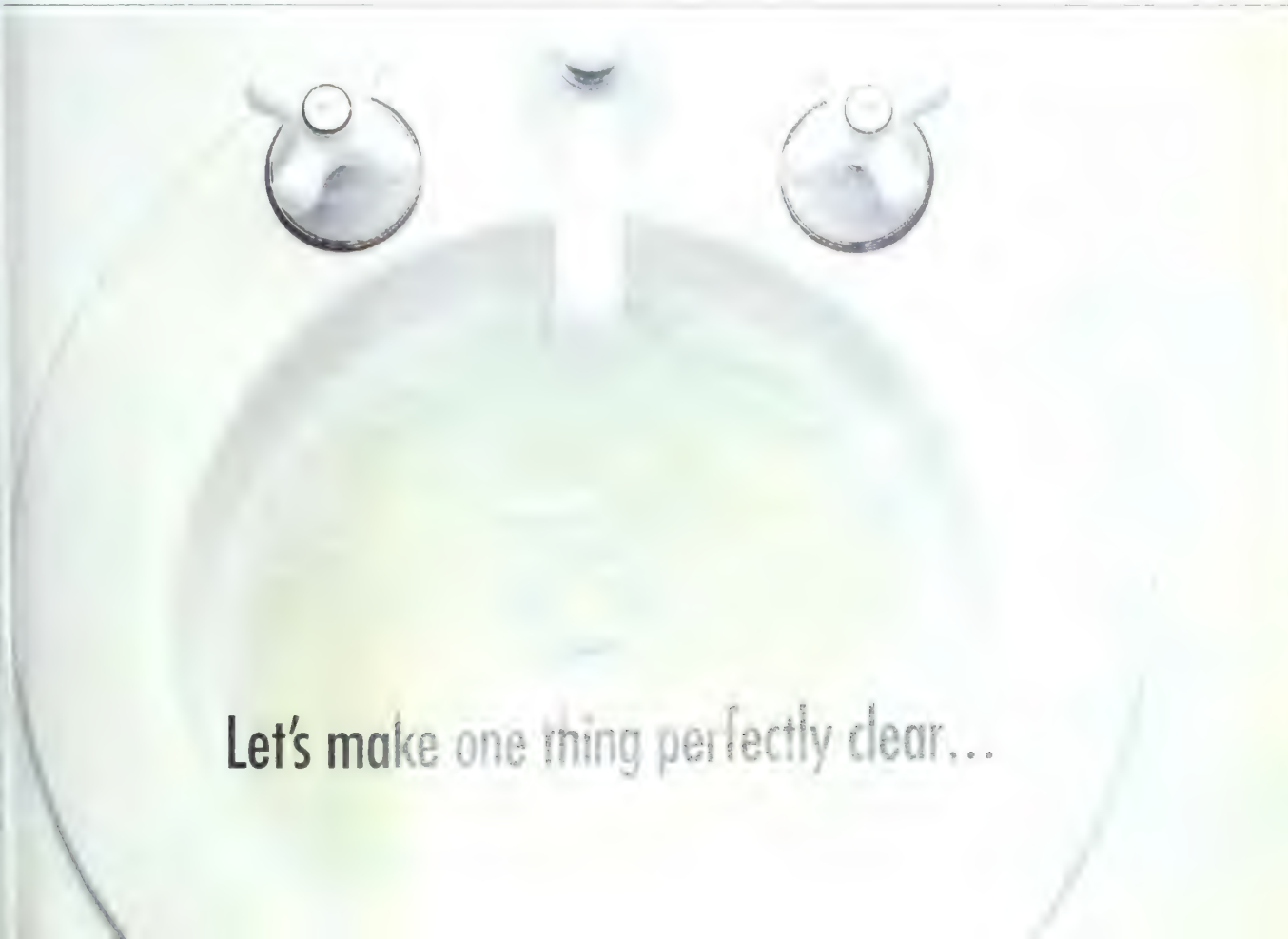
But there are other, more fundamental, concerns. Critics charge that the Geraldi operation has grown too big. Where, they ask, does "family" stop and "institution" begin? Camille firmly denies that the size of her brood diminishes their shared relationship. "It's as though you had one child and hired one nanny," she says. "I have more children, so I have more people helping me. That doesn't make us less of a family."

Bock sees it as a catch-22. "Every institution started out as a small place where children were going to live in a home environment," she says. "But the people who start these homes are so compassionate that they can't turn anyone away. Soon their family becomes an institution." Advocates suggest that kids like Camille's would be better off in smaller adoptive families, but these are hard to find.



A bedtime story for Champ

A potentially more explosive situation exists in Kendall, the upper-middle-class area of Miami where the Geraldi compound is located. Neighbors never complained when the entire clan lived in these homes. (The Geraldis agree that their neighbors were supportive, and have never accused them of vandalism or harassment.) "They were a family then," *(continued)*





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Love and attention are part of daily life

THE FAMILY WITH 40 KIDS

Continued

says one, who asked not to be identified. "But they don't live here anymore. Now it's just a business."

Things came to a head early this year, when the Geraldis requested zoning approval that would allow them to continue caring for the non-adopted children now living in the Florida houses. Though they didn't want to appear coldhearted, area residents nonetheless feared a boom in new businesses brought on by the zoning approval, and a lowering of their property values because of the institutional nature of the home. They wrote letters and circulated petitions asking the zoning appeal board to deny the Geraldis' reques More than one hundred famili signed, including two with disable children. Last July 16, the board na rowly ruled in favor of the Gerald The neighbors have filed an appeal.

Back in North Carolina, Camil faces a far more serious crisis. La April, a school employee reporte that one of the Geraldis' daughte had complained of vaginal pai Asked about it, the girl, then eigh allegedly said that a certain home v unteer had touched her the Both the county Departme of Social Services (DSS) a the State Bureau of Investig tion (SBI) began looking in possible sexual abuse.



Repse feeds baby Donovan through a tube

Camille was glad the a thorities were investigatin but incensed at their me ods. She insists the DSS m have violated the America

Asked why she puts [illegible] children, Camille says, "Donovan chooses it to [illegible] isn't I support that?"

ith Disabilities Act by interviewing ie girl alone, and by someone unfaiiliar with special-needs children. he DSS has closed its case, saying ney found no evidence of misconuct, but the SBI now wants to inrview the girl. Camille refuses to let iem do so until they find a therapist ho, in her judgment, is qualified to talk with her daughter (who has the estimated mental capacity of a four [illegible] a witch-hunt by people who want us out of the state," she says.



Camille and Mike, alone at last

David Barnes, special agent in charge of the SBI's western district, is adamant about pursuing the case. "We *are* going to interview the little girl," he says. "North Carolina law does not provide for someone to prevent us from interviewing a victim. If Mrs. Geraldi refuses to produce the child, she has to realize that there are consequences to [one's] actions."

Camille has no intention of backing down. "There's a part of me that wants to go to jail, because then people will know how much I really mean this fight," she says. "I'm doing this on behalf of all the disabled people in the United States."

Out on a limb

amille worries that the negative publicity will result in fewer donations and keep her from continuing her mission. Lately, it's been hard to make payroll, and Mike has been dipping more deeply into their own resources. "If God wants me to do this work, He has to protect me," she says, listing the projects she wants to tackle in the future, such as expanding her consulting activities and establishing residential homes for disabled adults.

But she knows that whatever she does, her strong views and unorthodox ways will attract controversy. "You're out on a limb, Camille," a friend once told her.

"I wish I was out on a limb," she says now. "I'm out on the twig that's hanging from the limb." •

Contributing editor Andrea Gross writes frequently about human-interest issues.





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Diet again?

Dieters take heart: Although you've no doubt heard that losing and regaining weight can slow your metabolism—making future weight loss harder—one recent study has found that dieting may not be so bad after all. The researchers looked at fifty-two overweight and sedentary women who had dieted intermittently for an average of eighteen years and determined that nearly all had normal resting metabolic rates.

"While metabolism does slow during a very low-calorie diet," says lead researcher Linda J. McCargar, Ph.D., R.D., associate professor of human nutrition at the University of Alberta at Edmonton, in Canada, "it typically bounces back once normal consumption of calories is resumed." Still, the researchers acknowledge the futility of yo-yoing and advise against



it. Instead, McCargar says, the best way to lose weight for the long term is to eat a balanced diet and exercise regularly. —Amy Zintl

Too Many Pills

Are antibiotics what the doctor ordered for your winter sniffles? If so, you may not need to fill that prescription. More than 90 percent of colds and flus are viral, not bacterial, and so won't respond to antibiotics. But doctors write about fifty million prescriptions each year nonetheless—mostly because they think that's what patients want. The problem: Antibiotics destroy some strains of bacteria, giving superstrains free reign to multiply. Curbing antibiotic use helps cut the number of resistant strains. Want to know if antibiotics will help your ailment? Then you must get a test, such as a throat culture. —Isadora Fox

HAVE YOUR BEST YEAR EVER

A Healthy New Year!

You know early detection of disease can be a lifesaver, but are you up-to-date on all the medical tests you need? The chart below maps out exactly what you should schedule, and how frequently. (Also be sure to ask your doctor about other tests you may need based on your particular risk factors.) So the months don't slip away, make all the appointments for tests you need this year *today*. —Anna Roufos

TEST	Pap smear	Clinical breast exam	Mammogram	Digital rectal exam	Fecal occult blood test	Sigmoidoscopy	Blood pressure test	Blood cholesterol test	Fasting plasma glucose	Glaucoma screening	Dental checkup
WHAT IT DOES	Screens for precancerous cervical cells.	Manual examination that detects lumps.	Identifies abnormalities in breast tissue by X ray.	Can detect polyps, growths or lesions in the rectum. Can also detect signs of prostate cancer.	Tests stool for colon or rectal cancer.	Detects colon and rectal cancer and polyps. More accurate than stool test.	Helps determine risk of cardiovascular disease.	Determines the risk of heart disease by measuring total cholesterol, HDL, LDL and triglycerides.	Used to diagnose diabetes.	Assesses pressure in the eye.	Detects dental decay, gum disease and precancerous lesions.
WHO NEEDS ONE/ HOW OFTEN	All women over eighteen or who are sexually active should have this test annually. After three normal exams in a row, your doctor may suggest skipping a year.	All women twenty to forty should have this test, part of a standard gynecological checkup, every three years. Women forty and over should have it annually.	All women over fifty should have this test every year (some experts recommend starting at forty). In their forties, all women should have a baseline reading.	All men and women forty and over need this test every year. (Can be performed on women during a gynecological exam.)	All men and women fifty and over should have this screening annually.	All men and women fifty and over should have this test every three to five years.	All men and women of all ages should have this test at every doctor visit, or at least every two years.	All adults beginning at age twenty. If normal, repeat every five years. Premenopausal women should be sure to get a number for HDL and LDL.	All adults beginning at age forty-five. If normal, repeat every three years. If diabetes runs in your family, ask your doctor about screening much earlier.	All men and women over forty should get this test every two years.	All men, women and children should be examined at least every six months.

SOURCES: AMERICAN CANCER SOCIETY, AMERICAN [illegible]

If estrogen is the answer,

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There's no question your body makes less natural estrogen after menopause. 80% less, in fact. And because estrogen does some good things for your body, losing it can mean problems.

Like rising cholesterol. Estrogen helps keep your cholesterol low. So after menopause, your cholesterol can rise quickly. Left unchecked, high cholesterol can increase your chances of a heart attack or stroke.

Losing estrogen can also mean losing bone. That can lead to osteoporosis. And if you think because you drink your milk you're not at risk, think again. In just the 6 years after menopause, a woman can lose up to one-third of the bone mass in her spine.

So what's the answer? Many doctors prescribe estrogen replacements to help keep bones strong and cholesterol low. But estrogen replacements also raise a lot of questions. Many women don't like estrogen's potential side effects, which can include irregular bleeding, spotting, bloating, breast tenderness, and

why are there so many questions?

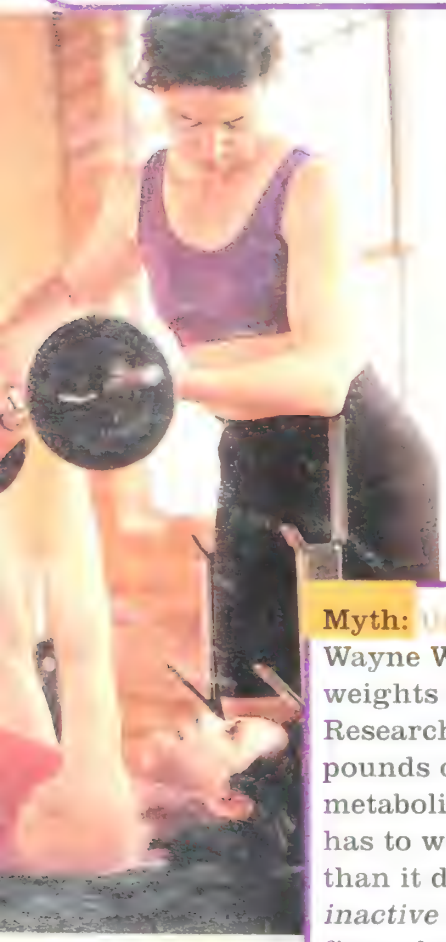
migraines. And many women have serious concerns about a possible link between estrogen replacements and cancer.

Right now, it's a decision each woman has to make with the help of her doctor. But research is ongoing to find new choices for women who want to stay strong and vital in the years after menopause. At the Lilly Center for Women's Health, we're monitoring the situation. For the latest information on postmenopausal health, call toll-free 1-888-WMN-HLTH (1-888-966-4584). Because there is life after menopause.

Short Workouts Don't Count...

Oh, yes, they do! Correcting such common myths about exercise can give you better results in a lot less time. By Susan Swimmer





MYTH: **Unless you have a lot of time, it's not worth it to work out.** Doing something, no matter how little, is always better than nothing. Just twenty minutes of aerobic activity three times a week will improve heart conditioning, reduce depression and give you more energy, says Wayne Westcott, Ph.D., strength-training consultant for the National YMCA, in Chicago. Moderate exercise can also boost immunity—saving you lost time from illness.

"Use your time well," suggests Delon Nelson, personal training manager for Crunch gym, in New York City. "I always say that a cardiovascular workout is the best place to start because it burns fat and helps you fight off heart-related illnesses."

Myth: Using weights makes you big.
Wayne Westcott insists that using weights will help you slim down. Research shows that adding three pounds of lean muscle increases the metabolic rate by 7 percent. Your body has to work harder to maintain muscle than it does to maintain fat. "Even an *inactive* body will burn an extra thirty-five calories every day with just one added pound of muscle," says Westcott.



MYTH: **You have to exercise for three months to see results.** It's true that dramatic changes take time, but subtle ones happen immediately, says Russell Cohen, D.C., a certified sports chiropractor in New York City. What benefits can you expect right away? After just one workout you will reap the psychological benefits: enhanced mood, an increased sense of relaxation, a decrease in anxiety and a surge in self-esteem. These all result from physiological changes caused by moving the body and getting the heart rate up. Exercise releases chemicals in the brain, such as endorphins, that are responsible for this immediate boost in mood.

Every workout burns calories, of course, and exercise can also help you sleep better. From your very first aerobic workout, you'll be pumping blood and taking in oxygen more efficiently, which lowers your risk of heart-related illnesses.

After about two months of strength training, some of the fat that covers muscles will have been burned off and some additional muscle will have been added for a more sculpted contour. *(continued)*



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FITNESS MYTHS

Continued

MYTH: You have to follow a strict regimen in order to get fit.

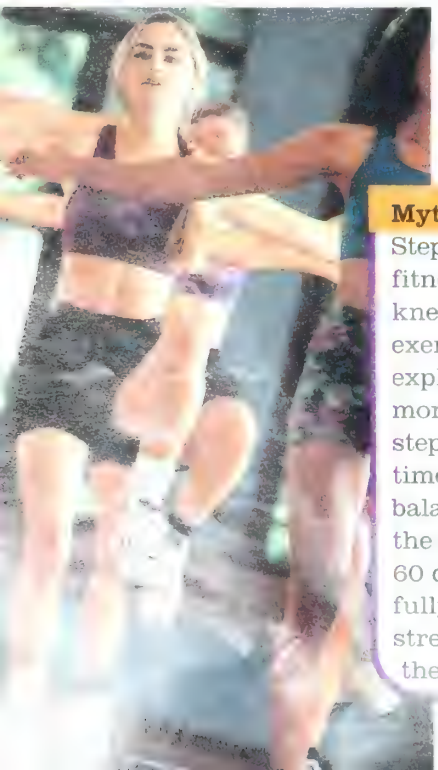
Actually, what repetition gets you is a big dose of boredom. There are real advantages in injury-prevention with cross-training (doing a variety of activities). John Platero, fitness coordinator for L.A. Fitness, in Los Angeles, explains another benefit: "There's something called Specific Adaptation to Imposed Demands, which means that over time, your body gets comfortable with the movements and they get easier—and less effective. If you mix up your workouts, your body is constantly being challenged, and must expend more energy in order to keep up," he says.

Delon Nelson suggests creating a "rolling exercise schedule." Make a long list of fitness activities you enjoy—walking, a workout video, lifting weights, using a stair climber, hiking. Every time you work out, pick something different from the list. When you've done them all once, start again.

MYTH: Your workout didn't work unless you're sore the next day.

There are many ways to evaluate your workout, but soreness is not one of them. Cohen points out that a good workout should challenge your body while minimizing injury. So how hard should you push? For aerobic activities, you should be able to have a conversation while working out. To be more precise, subtract your age from 220 to get your maximum heart rate per minute. Then shoot for about 60 to 80 percent of that number for your target heart rate or training zone.

"With weight training it's more difficult," says Cohen. "The best way is to get good supervision from a certified trainer." Most trainers recommend completing up to three sets of twelve to fifteen repetitions for each lift. Choose a weight you can lift at least twelve times that's challenging but not so hard that you can't keep control at all times.



Myth: Step classes are bad for your knees.

Stepping was created by Gin Miller, a veteran fitness expert, after a torn ligament in her knee left her unable to partake of her regular exercise routine. "People make mistakes," explains Miller. "They're stepping too often—more than three to five times a week. They're stepping too fast—you should have enough time to make a solid foot plant and remain balanced. And they're stepping too high—set the platform so your knee bends to about 60 degrees, halfway between straight and fully flexed. You should never feel your knees stressing, and if you do, lower the height, the pace or the frequency."

MYTH: Stair climbers give you a big butt.

"So many people believe this myth! Believe me, if you could build up your lower body from a stair machine, you'd see bodybuilders on

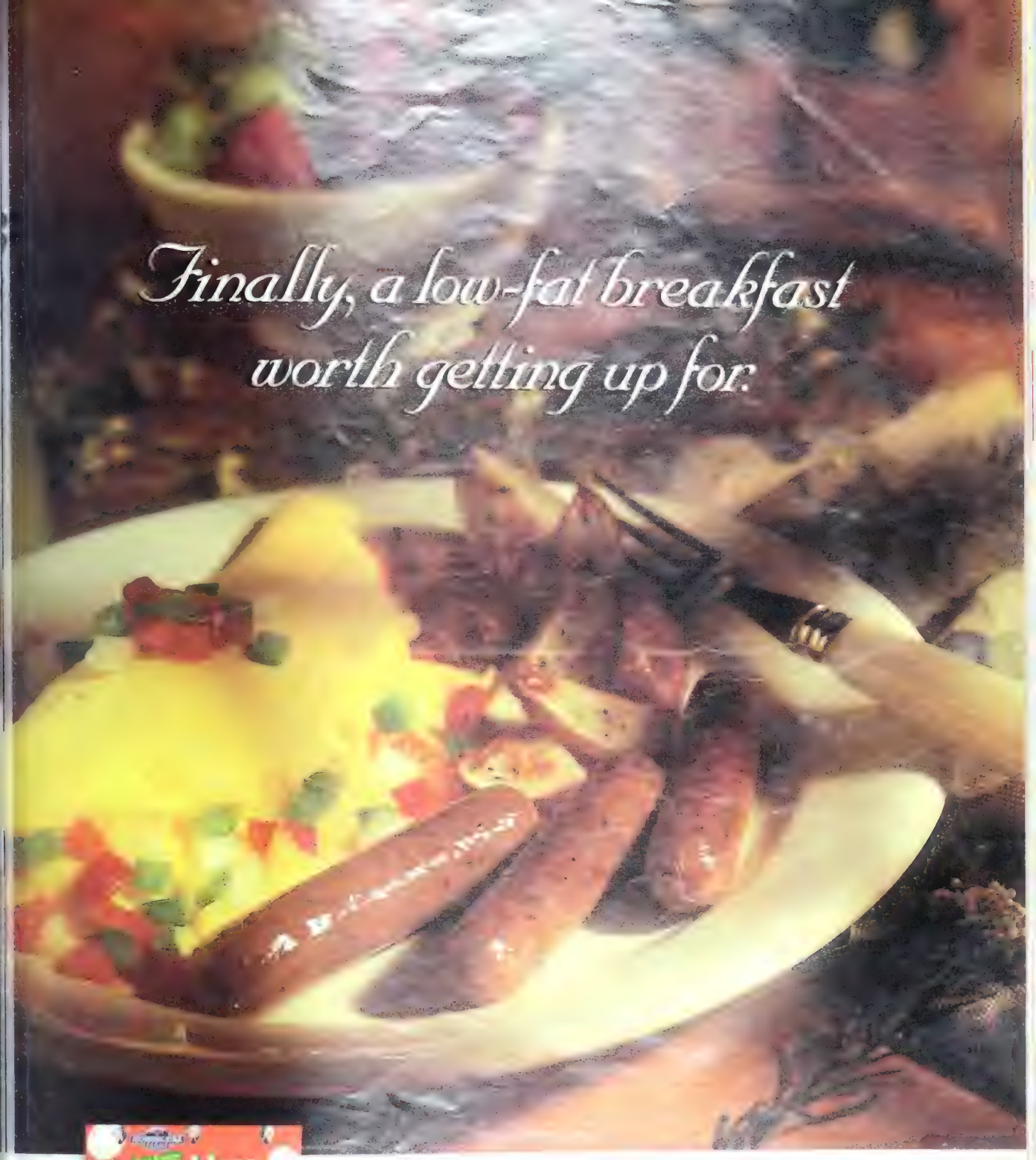


them!" says Delon Nelson of Crunch. While you may add muscle mass, you will burn fat—the net result should be a smaller butt. The problem, insists Nelson, is that "so many people use the stair climbers incorrectly—they lean over, resting on the rails and pushing their hips back—to compensate for not being able to keep up with the program." With your body resting on your arms, you're not working as hard and not burning as many calories. Nelson's advice: Use a lower setting on the machine but increase your duration (say, from fifteen minutes to twenty-five).

MYTH: Working out takes time away from the family.

"A person who is clear about her needs and interests and knows how to get them met makes a much better partner and parent," says Sue Rooks, M.S.W., M.Ed., a licensed clinical social worker in *(continued)*

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private practice in Alexandria, Virginia. "Be direct with your family. Tell them that this is Mommy's time. You'll be a better role model and a more truthful person. After all, your resentment is more damaging for children than not having Mom around for a few hours a week."

MYTH: **You should always stretch before you exercise.**

Cohen explains that if you stretch cold, tight muscles you risk tearing a healthy muscle or accelerating a problem that already exists, such as a strain or tendinitis. The best method is to warm up with low-intensity aerobic exercise, such as walking, before doing some light stretching (no bouncing, no quick position changes), then exercise, and finish with some significant stretching when muscles are really warm.

When you exercise, you do tiny amounts of muscle damage (preferably not enough to make you sore). As that damage heals, which is called recovery, you become stronger and faster. "If you stretch after exercise your muscles will recover in a lengthened position," explains Cohen. "Longer muscles will give you a better range of motion, which is much easier on your joints. And every time you lengthen the muscle by stretching, there's a better chance your muscle will 'remember' that longer position the next time you exercise. Lengthened muscles also put less pressure on the blood *(continued on page 158)*

Tips To Better TRAINING

Nat Nichols, a certified strength and conditioning specialist at The Athletic and Swim Club, in New York City, has the following suggestions to make your workouts more fun and effective.

- **When doing crunches, squeeze a balled-up towel between your knees—you'll work the upper part of your abdominals as well as the lower part.**
- **Your goal for an aerobic activity should be time spent, not distance covered. As you improve, you may be able to cover more distance in a given amount of time. So if you set a distance goal, your workouts may get shorter.**
- **When walking, pull your shoulders back and squeeze your shoulder blades together to work upper-back muscles and stretch out your chest. Most of us need the stretch because we spend too much time hunched forward over desks, steering wheels or children.**
- **When using free weights, lift the right way—with slow and controlled motions. You'll get a safer and more effective workout.**
- **Work out with your kids. If they're old enough to join in, it could be the beginning of a lifelong interest in exercise.**
- **If you're a beginner at aerobics, it's better to take breaks and stay through the class than to leave after fifteen minutes. That way, you'll participate in the actual aerobic part (as opposed to just the warm-up), you'll see the routine and you'll get accustomed to devoting the time to fitness.**
- **The two most important factors affecting the progress of a fitness routine are diet and rest—a bad night's sleep is as detrimental as eating poorly. Both will sap your energy.**
- **Use machines at the gym the way they were intended to be used. Do not stand backward on a stair climber or walk backward on a treadmill. The increased rate of injury far outweighs any fitness or boredom-relief benefit.**
- **When biking, make your legs do more work by dropping into a lower (easier) gear and spinning the pedals faster—you'll get more benefit for your heart.**
- **For every half hour of exercise, allow five minutes of cooldown, such as slow walking. Don't just head for the couch.**



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HAVE YOUR BEST YEAR EVER

You dutifully get your car checked out at least once a year to make sure all's well under the hood, so why not give your finances the annual once-over, too? Paula Wiiken, a certified financial planner licensee in Petaluma, California, recommends this money checkup:

Organize: Set specific goals, such as buying a new car or saving for your child's education, and work up a budget that will accommodate them. Also, start an emergency fund that covers three months of living expenses, and get tax records in order now.

Consolidate: If you're paying 18 percent or more on a credit-card balance of at least $10,000, or 15 percent in dealer financing for a car costing $25,000 or more, consider consolidating the debt into an 8.5 percent home-equity loan (up to $100,000 in home-equity interest is tax-deductible).

Update: Review your insurance coverage and inform your agent of any changes, such as the birth of a child or a major new purchase. Also, find out if your 401(k) options have changed, or if you can increase your contribution. For other investments, make sure you're getting the maximum return and that fees are low. Finally, due to new tax laws, your will may need updating. —Anna Roufos

Savings, Simplified

Q: I need to start saving for my future, but I don't have the discipline to put money away. What advice can you give?

A: Just as your mortgage or rent can be paid through automatic deductions from your paycheck or bank account, so, too, can your savings be built. Start with your income: Arrange to have a small pretax amount contributed to your 401(k) plan each month directly from your paycheck. If you don't have a 401(k), set up an account with the fund of your choice, then ask your employer for an automatic transfer form. Or, send the fund a voided check, and have the amount deducted from your bank account. Many mutual funds will suspend their minimum initial investment requirements if you contribute as little as $25 a month automatically. Best part: Because the money was never in your hands, you might not even miss it! —Brenda Buttner



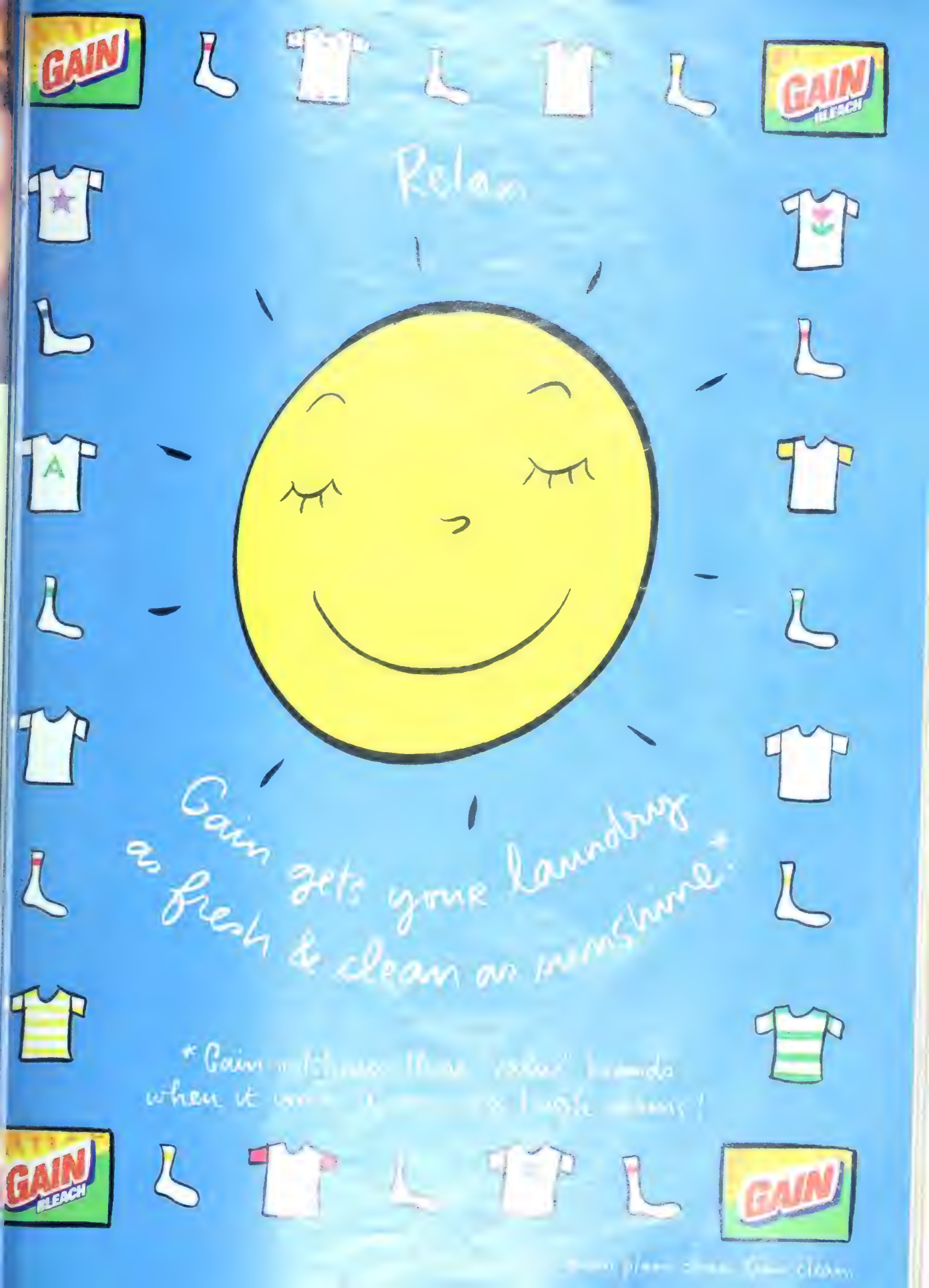
Phony Phone Rates?

Most likely, you've been bombarded by "dial-around" long-distance phone companies that promise greater savings than AT&T, MCI and Sprint if you punch in a five-digit access code before placing your call. While their rates may seem cheaper, you could watch your bills skyrocket. "Before you use these services, ask if there's a call minimum, a monthly service fee, if there are any geographic limitations and what times of the day the rates apply," says Shirley L. Rooker, president of Call For Action, a nonprofit consumer-service group in Washington, D.C. "If there's a five-dollar access fee and you spend only ten dollars on long distance per month, your current plan is probably cheaper." Factor in, too, the fact that you'll forfeit benefits like frequent-flier miles or cash-back options you may already have. "Dial-arounds aren't the only low-cost choice," says Rooker. "Phone companies offer flat rates and discount volume plans as well." —Corinne L. Domingo



Your stamp on history

How does the Postal Service celebrate the century's end? With commemorative stamps, of course, and this time we're all being asked to chime in on design. Next month, post offices nationwide will have ballots for a decade-by-decade election. One choice: Are the fifties better remembered for 3-D movies or hula hoops?


GAIN
GAIN BLEACH
Relax
Gain gets your laundry as fresh & clean as sunshine*
GAIN BLEACH
GAIN

Introducing the first-ever collectible doll from Warner Bros. and Ashton-Drake



For the very first time, Tweety co-stars with one of Ashton-Drake's most adorable baby dolls!

Affordably priced at
4 payments of $19.99*
Shipping included!
That's Ashton-Drake value!

Unconditionally guaranteed for one year, or your money back (including postage)!

LOONEY TUNES

Naptime, playtime, any time of the day at all: this baby girl wants to have her favorite yellow blanket on hand! It isn't the color she likes as much as the tiny canary prominently featured at all four corners. While she's too little to enjoy cartoons, she's already old enough to love Tweety!

And no wonder — Tweety's appeal to the young and young-at-heart is timeless. Now Warner Bros.' miniature yellow dynamo is featured with a brand-new collectible doll from Ashton-Drake called "Tweet Dreams," first issue in the *Looney Tunes Cuties* collection.

Artist Alex Tsalkhin has created a sweet and cuddly hand-crafted porcelain baby doll, curled up on her beloved blanket. Tweety himself pops up cheerfully from behind clusters of heart-shaped appliques. While his young friend slumbers, he'll watch out for rascally cats!

"Tweet Dreams" is value-priced at only $74.99, a remarkable collecting value. Order now and you're guaranteed the opportunity (at no obligation) to receive all the dolls in the *Looney Tunes Cuties* collection at the same issue price.

Welcome a couple of sweetie pies into your home and let one of your favorite Warner Bros. animated characters help you start each morning with a chuckle. Issued in a strictly hand-numbered edition. Backed by our 365-day money back guarantee. Place your order today!

THE ASHTON-DRAKE GALLERIES®
Bringing You Dolls of Irresistible Value

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PLEASE RESPOND BY JANUARY 31, 1998

YES, please reserve "Tweet Dreams." Limit one. I understand I will be billed for the first payment before doll shipment.

- Send No Money Now
- 4 Easy Payments Of $19.99 *(shipping included)*
- 90-Day Money-Back Guarantee

X _____ Date

_____ ( ) _____ Home Phone

_____ Zip

Is "Tweet Dreams" a gift? ☐ Yes ☐ No

Sales tax additional

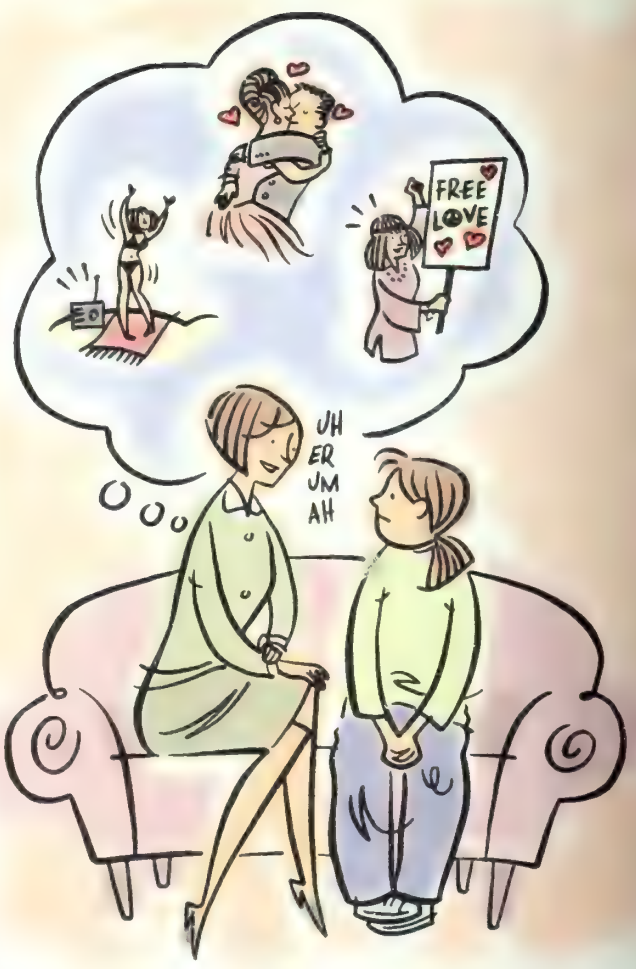
THE ASHTON-DRAKE GALLERIES

Actual size approximately 16 inches long. Complete with Tweety blanket. Hand-numbered Certificate of Authenticity included.

Premiere QUALITY

Ashton-Drake. Bring

The sex talk



How can I explain to my children that, when it comes to sex, they should do as I say, not as I did?

By Holly Robinson

I've been thinking a lot about sex lately. Truth is, I've always thought a lot about sex.

It's hard not to, of course. We live in a sex-saturated society. Standing at the grocery store checkout, I scan the magazine covers: *Take Our Passion Survey. The Secret to Mind-Blowing Sex. Study Your Erogenous Zones.* Gosh. That all sounds good.

But right now I'm not thinking about sex because of me, but because I have four kids who are "at that age." You know the one: the Age of Unanswerable Questions. They're old enough to know the facts of life. Now they're getting into the nitty-gritty.

"What does it feel like, Mom?" my ten-year-old son asks.

Here's what I want to say: amazing. But don't even think about it before you're old enough to vote, order a drink in a bar and remember to put your own laundry away.

My eight-year-old daughter and seven-year-old stepdaughter are currently conducting their own investigations with Barbie and Ken. My husband, Dan, and I recently came across an assortment of dolls, all in the buff, coupled in some rather inventive ways across the window seat.

Clearly, the balancing act has begun. As baby boomers and battle-scarred veterans of the sexual revolution, how do we tell our kids—before they start puberty and stop listening—that sex is the most primal, passionate language any two people can speak, but only if both lovers are mature enough to listen?

About a month ago, Dan was in the den with the children, watching *Baywatch*. (I wasn't there, or *Baywatch* wouldn't have been, either.)

"Look at those people kissing!" my daughter shrieked.

"They're going to have sex," announced my stepson.

"Why do grown-up TV shows all have sex?" my stepdaughter asked.

"Because all grown-ups like sex," Dan answered, taking it upon himself to speak for a nation.

Later, he told me that my daughter was shocked. "My *mom* doesn't like sex," she corrected him sternly.

"What did you say?" I asked.

"That not all TV shows have sex," he said sheepishly.

Dan wriggled off the conversational hook that time. But the dilemma remains. While I don't want my children experimenting with sex too early, I do want them to become sensual, loving adults who don't have to shrug off the same itchy blanket of guilt that I was draped in. I want them to hang on to their sensuality—but sensibly.

For children are born sensualists. They love to feel mud between their toes, bury themselves in sand and be tickled senseless. In their innocence, children are already experiencing their first taste of sexuality when they play tag and victory calls for landing a wet kiss on their squirming prey.

"There is *(continued on page 100)*



Step 1
Unscrew cap.

Step 2
Pour into pitcher.

Step 3
Fill container with water.

Step 4
Pour into pitcher.

Step 5
Tell your family whoever drinks the last of it should follow Steps 1 through 4.

Ocean Spray

Refreshingly Honest

HEALTH

How to help antibiotics help you.

Have you ever asked your doctor for antibiotics to treat a cold or the flu? Do you sometimes stop taking your antibiotic prescription once you start to feel better? Or have you ever saved "leftovers" for next time? If so, read on.

Since their discovery more than 50 years ago, antibiotics have been a key factor in fighting bacterial infections and keeping us healthy. If you've ever been diagnosed with such common conditions as pharyngitis, chronic bronchitis, or a middle ear infection, chances are you've taken them. Yet antibiotics remain one of the most misunderstood and misused medications.

The truth is, antibiotics should be taken only when necessary and are effective only when used properly. While only your doctor can determine when you need them, there is much you can do to help. Start by reading these facts, and tips on proper usage.

What is an antibiotic?

Antibiotics are medications that either kill bacteria or stop them from growing. They are most commonly prescribed for bacterial infections, often involving the lungs, throat, or middle ear. Different antibiotics may be used for different types of infections. Only your doctor can determine what infection you have and which antibiotic is appropriate to treat it.

When is it appropriate to take an antibiotic?

Antibiotics only work against bacterial infections. So if you have a viral infection, such as the common cold or flu, do not expect or insist that your doctor prescribe you an antibiotic. Only your doctor can determine the type of infection you have and whether an antibiotic is necessary.

Why are some antibiotics prescribed differently than others?

Each antibiotic has a different chemical structure and this affects the way it works in the body. The specific antibiotic and the type of infection it's being used to treat, determine the number of days and the number of doses per day the antibiotic needs to be taken. Some antibiotics can be taken for 5 days while others are taken for 10 to 14 days. It is important to take the specified number of doses each day for the number of days prescribed by your doctor. Let your doctor know if you're taking other medications, which could interfere with how your antibiotic works.

Why do I have to keep taking antibiotics after I start to feel better?

It's natural to begin feeling better when you first start your prescription, because the antibiotics have begun their job of knocking out harmful bacteria. But just because your symptoms are gone does not mean that your antibiotics have finished their work. If you stop antibiotics before the full course is finished, the infection may not be completely treated. Be sure to take the recommended amount of medication and follow your doctor's instructions carefully.

Remember these tips.

- It's up to your doctor to decide whether you need an antibiotic, and if so, which one.
- Don't insist on a prescription for an antibiotic if you have a viral infection, such as a cold or the flu.
- Don't stop taking antibiotics before you complete your prescription, even if your symptoms are gone.
- Follow your doctor's instructions carefully. Take doses on schedule for the number of days indicated.
- Let your doctor know if you're taking other medications.
- Never share your medication with anyone. If you have any left over, throw it away.
- As with all medications, keep your antibiotics out of children's reach.

Pfizer



Or ask your doctor about Zithromax. Five days and you're done.



If your doctor is prescribing an antibiotic for a bacterial respiratory tract infection such as chronic bronchitis, ask if Zithromax® is right for you.

THE ONLY ONCE-A-DAY FOR FIVE DAYS ANTIBIOTIC.

Unlike other antibiotics, you take Zithromax just once a day for five days. And five days are as effective as ten days of conventional therapy, because Zithromax continues to work for several days after your last dose.

Zithromax is well tolerated. The most common side effects are diarrhea (5%), nausea (3%), and abdominal pain (3%). Although allergic reactions are rare, should one occur, discontinue this medication and contact your healthcare professional. See the brief summary on the next page for complete details.

ASK YOUR DOCTOR IF ZITHROMAX IS RIGHT FOR YOU.

For more information and a free booklet, *the doctor?*, call

Zithromax

ONCE DAILY FOR 5 DAYS

AZITHROMYCIN

FIVE DAYS AND YOU'RE DONE.

BRIEF SUMMARY

[illegible] thereafter in [illegible] exposure

[illegible] azithromycin has only been shown to be safe and effective in the treatment of community-acquired pneumonia [illegible] *Haemophilus influenzae*, *Mycoplasma pneumoniae*, or *Streptococcus pneumoniae* in patients appropriate for oral therapy. Azithromycin should not be used in patients with pneumonia who are judged to be inappropriate for oral therapy because of moderate to severe illness or risk factors such as any of the following: patients with cystic fibrosis, patients with nosocomially acquired infections, patients with known or suspected bacteremia, patients requiring hospitalization, elderly or debilitated patients, or patients with significant underlying health problems that may compromise their ability to respond to their illness (including immunodeficiency or functional asplenia). Pseudomembranous colitis has been reported with nearly all antibacterial agents and may range in severity from mild to life-threatening. Therefore, it is important to consider this diagnosis in patients who present with diarrhea subsequent to the administration of antibacterial agents.

PRECAUTIONS General. [illegible] azithromycin [illegible] primarily eliminated via the liver.

[illegible] prolongation, ventricular arrhythmias including ventricular tachycardia, and [illegible] postmarketing report from the post-marketing experience of a patient with previous [illegible]

[illegible] alternative treatment.

[illegible] and azithromycin simultaneously. The patient should be directed [illegible]

Drug Interactions: [illegible] and magnesium containing antacids reduce the [illegible] azithromycin. Azithromycin did not affect the plasma levels of [illegible]

[illegible] theophylline. Therefore, interactions with theophylline are not anticipated. However, careful monitoring of theophylline levels in patients receiving azithromycin and theophylline is recommended. Azithromycin did not affect the prothrombin time [illegible]

[illegible] of nephrotoxicity noted in all patients treated with azithromycin and [illegible] and warfarin in clinical practice [illegible] anticoagulant effects. The following drug [illegible] have been reported in patients receiving azithromycin; however, no [illegible] have been performed to evaluate potential drug [illegible] drug interactions when azithromycin and [illegible] are administered concomitantly, careful monitoring of patients is advised.

[illegible] peripheral vasospasm and dysesthesia. Triazolam [illegible] This may increase the pharmacologic effect [illegible]

[illegible] prothrombin and phenytoin levels.

Laboratory Test Interactions: [illegible] reported laboratory test interactions [illegible]

Carcinogenesis, Mutagenesis, Impairment of Fertility: [illegible] long-term studies in [illegible] [illegible] tests, mouse lymphoma [illegible] [illegible] [illegible]

s replaced by a newer one. And
s began a long series of infatua-
ns, brief trysts and painfully
wn-out affairs.

truly loved a few of those boys
l men. Some loved me in return.
mostly what I felt was heat, that
t rush of blood that makes your
uth go dry. So my youth was mis-
nt sorting through mixed mes-
es, weighing the guilt I felt at
ing become, in my mother's eyes,
llen woman who didn't marry the
man she slept with, against the
tement and promise of every new
ıal encounter.

came of age at a time when
nen were hitching a giddy ride on
coattails of the sexual revolution.
inks to feminism and the Pill,
e was no more waiting for Mr.
ıt. In fact, it was not only okay to
eriment with sex partners, com-
ıal living and open relationships,
as recommended. And—this is
t so few people are willing to ad-
these days—a lot of it was *fun*.

ut like most of my generation, I
ıtually discovered that sex with-
love is only acrobatics after all,
usually less satisfying than an
bics class with a friend. To com-
ıte matters further, we then en-
d an age where unsafe sex could
us our lives.

ow, then, do I talk to my chil-
. about sex, when I didn't always
tice what I'm trying to preach?

or starters, Dan and I make it
that with sex, feelings are the
real currency. Any physical act
is not wholly considered—intel-
ıally, emotionally and spiritual-
cannot be an ethical one.

eyond that, we observe only one
We let our children lead us. We
o offer only the biological facts
're ready to hear. Most children
let you know when they're feel-
ıncomfortable.

ecently, for example, a couple we
v had a baby. At dinner, their
en-year-old daughter asked her
r, "So, I guess you and Mom
hat, you know, sex thing?"

hen her dad said yes, his daugh-
ıodded—and requested another

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slice of meatloaf. She had all the information she needed.

Occasionally, my husband and I grope for answers, but we encourage an ongoing dialogue just the same. The magic wand of responsibility is in our hands. It is up to us to smooth the tangled skeins of knowledge and misinformation passed between peers. It is up to us to teach our kids about privacy, boundaries and the emotional and physical risks of careless sex. I hope to manage all this without ever pulling guilt out of my bag of parenting tricks.

My mother's tactics had their desired [illegible] small pang of guilt whenever Dan and I [illegible] while the kids are in the mall of Saturday [illegible] ing lifelong love. When my husband [illegible] dinner [illegible]

the work deadlines and other domestic quicksand that, most of the time, threaten to swallow us whole.

There is a moral vacuum at the center of most of the messages about sex that the media bombard us with. That's one reason it takes most of us so long to figure out that, contrary to popular belief, having sex is not about posturing or conquest or selling blue jeans, but about being deeply, vitally connected with another person. Sex puts us in touch with who we are, why we are together and what makes us human. It took me a long time—too long—to come to this glorious realization. I hope to guide my children toward unearthing this secret for themselves, but much, much sooner [illegible]

[illegible] *Journal*



If your husband would rather cuddle up with ESPN than with you, you're not alone. Meet the new breed of sports fan, more die-hard than ever. By Patt Morrison

Does he love sports more than he loves you?

If you think the man in your life is a world-class, gold-medal sports freak, Linda Geyer has a sporting wager for you. Any horror story you have, she can top.

Your husband can't bear to watch anything but the sports channels? Linda's husband Mitch (she asked us to change both their names to preserve their marriage) has four TV sets placed throughout their home in suburban California, a fifth in the garage, a sixth on the patio and a portable TV in the car.

Your husband watched sports on your honeymoon? At the wedding altar itself, their minister talked about Mitch's love of sports. At the reception, her new hubby, who owns a sporting-goods store, kept slipping away so he could catch the big game on the radio.

Your man played golf while you were sick with the flu? The day five years ago when tests showed Linda, now forty-two, might have a kidney tumor, Mitch picked her up at the hospital, dropped her at home with her mother, his mother and their three-week-old colicky baby, and went on to his regular Friday afternoon racetrack date with his friends. (Fortunately, Linda did not have a kidney tumor.)

But no one could top the jaw-dropping news out of Jonesboro, Georgia, on Super Bowl XXIV: When a woman committed suicide that Sunday, her husband waited until the game was over to call the authorities. This is how the coroner's investigator expressed his perplexity at the delay: "I can't explain. . . . That game was so boring."

Every time a TV set goes cable, a radio switches on or a computer boots up, the American sports fan—most often a man—is served a bigger, broader buffet of sports events. Like some law of testosterone physics, sports-watching expands to match the sports available.

Is there any part of life sports doesn't reach? Sports has its own entire section of the newspaper. Cities across America that can't afford to fill potholes or keep libraries open have borrowed $9 billion in bonds to help finance forty-five new stadiums, arenas and ballparks.

Once upon a time, sports had limits. Fall was for football, winter for basketball and hockey, and spring burst outdoors again for baseball. These days, sports is becoming the wallpaper of life. Obscure sports *(continued on page 106)*

Ready to go?

America's Premier Children's Artist...



TRACTOR RIDE

by Donald Zolan

a limited-edition collector plate trimmed in 23kt gold.

He's always wanted to work the farm just like his dad, and though he's too young to drive the "big" tractor, it hasn't stopped him from jumping on his own toy version with his favorite "pals" in tow! As the sun shines brightly on the red barn and the geese wander about, it's time to introduce these puppies to his wonderful life on the farm.

Now, this adorable scene is lovingly painted by America's premier children's artist, Donald Zolan, and is available from the Danbury Mint on a limited-edition porcelain collector plate.

A Limited Edition.

"Tractor Ride" will be limited to a maximum of 75 firing days. Each plate will be trimmed with 23kt gold and accompanied by a Certificate of Authenticity. The price is just $29.90, payable in two convenient installments of $14.95* each.

not delighted, simply return it within

the Danbury Mint

RESERVATION APPLICATION

ZPP20151

Limited-edition plates for collectors

TRACTOR RIDE

by Donald Zolan

Please reserve "Tractor Ride" as described in this announcement. I wish to [illegible] (1 or 2) plate(s).

and unknown teams are now enthralling viewers on round-the-clock sports channels.

With an infinite variety of sports at the beck and call of the channel surfer, any contest, however trivial, can be *the* game. A veteran California political writer admits that's how he finesses things in his household:



"I don't know why they aren't all married to each other," says one sports-plagued wife. "They could have the pizza delivered in front of the TV."

Confronted with the prospect of an unwelcome chore or social duty, he can always plead, "But honey, *the*

Thomas A. Tutko, Ph.D., a psychology professor at San Jose State [illegible] California [illegible] gives speeches on sports psychology, often employs this joke: *Wife:* "You love football more than you love me." *Husband:* "Yes, but I love you more than basketball."

Last year marked the twenty-fifth anniversary of Title IX, the act of Congress that bars sex discrimination in higher education and, by extension, in collegiate sports programs. Yet, in spite of impressive gains in women's college sports, and a growing following for top professional women athletes, the big audiences, and the big bucks, are still in men's sports.

"Obviously it's a multi-gazillion-dollar empire, so it's got an economic function," says Michael Messner, Ph.D., who teaches sociology and gender studies at the University of Southern California, in Los Angeles, an intensely sports-minded school, where O.J. Simpson did not earn a degree but did get a Heisman Trophy. Sports has a subtler allure, too. "It allows middle-class guys in relatively sedentary jobs to identify as powerful somehow," says Messner. And it gives all men safe, common-ground small talk that can transcend even class and race. In order to do that, of course, they have to have watched yesterday's game, and there are dozens of them. Dozens.

"I don't know why they aren't all married to one another," Linda Geyer says. "They wouldn't even have to leave the house. They could have the pizza delivered in front of the TV."

TALES FROM THE FIFTY-YARD LINE

Cori Lombardi's father was a golf pro, and she grew up liking sports. Or so she thought. But her new husband, Michael Vincent Lombardi—named for Vince Lombardi, the Green Bay Packers' coach of sainted memory—well, Michael is in a league of his own.

In the middle of their very first Lamaze class, as Cori, now twenty-eight, lay flat on her back practicing her breathing, Michael "leaned over and whispered in my ear, 'Can we leave early? Can you tell them you're not feeling good?' So he could go home and watch the end of a golf tournament! I said, 'You will not do this to me. This is our child.' So he just kind of moped and finished."

Both TVs in their Poway, California, home are big-screens. One cocoon of a room is a sports-fiend fantasy of mounted game fish, team pom-poms, autographed golf balls and souvenirs from his favorite teams. Michael, thirty-one, plays softball two nights a week, fishes, golfs and runs a golf fantasy tour. The director of engineering for a large hotel, he takes business associates to a nearby racetrack and schedules management powwows in sports bars.

When he isn't outside doing sports, he's inside watching them. "Even if we've rented a really good movie, he'll stop it midway to check the scores," Cori says.

When she got pregnant, "of course" Michael wanted a boy; Cori insisted on an ultrasound because "I wanted him to have five months to get used to the fact it wasn't a boy."

But it was. When Michael found out, Cori says, "he ran through the medical office high-fiving people. Driving home, he was yelling out the window, 'It's a boy! It's a football player!' All I could think was, What if this ultrasound is wrong?"

Just how bad can it *(continued)*



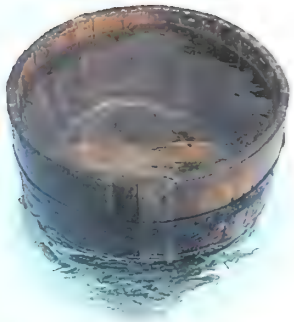
Fresh Wildflowers



Bright Sunshine & Cool Breezes



Crisp Mountain Air



Clear Spring Water



Clean Mountain Snow

THERE'S SOMETHING FRESH IN THE AIR

MOUNTAIN SPRING SCENTED TIDE

Now you can bring the fresh clean scent of the great outdoors inside with Mountain Spring Tide. Each and every load will be left with the scent of crisp mountain air and fresh wildflowers. Of course, Mountain Spring Tide has the same great cleaning as regular scent Tide, so it helps keep all your cotton clothes looking like new.



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get? So bad that Carrie Chavez, wife of a die-hard Vikings fan from St. Paul, Minnesota, made his sports habit part of their premarital counseling. "When he makes me feel like it's more important than I am, we definitely have a problem," she says.

Her husband, Daniel, is a lover of all sports, but so dedicated a Vikings fan that a losing game could depress him for hours, says Carrie.

Carrie is twenty-six and a manager for a department store where Daniel, twenty-eight, also works. Their only shared day off is Sunday, "but Sunday," she says, "is when the best football games are on. He has an identical twin, and during football games—especially Minnesota games—every time there's a great play, they have to call each other."

For Daniel, sports isn't just entertainment. "It's kind of an outlet for me to be free—not in a bad sense," he quickly adds. But, sometimes he wonders about having kids: "What happens when I have to attend to a crying baby and miss a great play on TV? I can't blow up at my kid. I want to be mentally prepared."

Daniel's counseling homework was to spend a week without watching sports; Carrie's was to spend a week not finishing his sentences for him. "Both of us failed," she says flatly—but they did earn an A for effort. Daniel is teaching Carrie to appreciate sports, and she's teaching him to appreciate life beyond sports.

This sports obsession—how some men can recite batting averages way back to Abner Doubleday, but can never remember to pick up a quart of milk—is fodder for humor, too. When nationally syndicated columnist Tony Kornheiser (*also author of* [illegible], *page 160*) posed the "desert island" question to his colleagues—which five people would they like to share a desert island with, if there was no such thing as sex?—the women chose desalinization specialists and survival experts. One guy chose the starting five for the New York Knicks.

Sociologist Messner finds a key in how men use sports to relate to one another. "My dad's been dead twenty years, but when I walk into Candlestick Park, I still get this tug in my chest. This is where I went to games with my dad."

Sports can also deliver the addictive qualities of a drug, says Thomas Tutko: "The high of winning, the hellish lows if you lose, and always the ability to come back, the hope and excitement." So how about a twelve-step program? Tutko laughs. "It'd never take off. You'd have a cure, but most fans would rather have the disease."

How about a twelve-step program? "It'd never take off. You'd have a cure, but most fans would rather have the disease."

If the worst spousal-sports sob story earned a Queen for a Day crown, Janet Lundblad would be in the running. Sunday mornings, her husband, Roger, forty-six, a Hollywood scenic artist, sets the alarm for five A.M. to watch Grand Prix auto racing live from Europe. Then, says Janet, forty-four, "I wake up and there's nobody in bed next to me, and I hear this *rrrrr, rrrrr.*"

Roger likes the Oakland Raiders and the Detroit Tigers, but auto racing is first, last and always. Every month, ten car magazines land in the mailbox, and now his brother is urging him onto the ultimate superhighway, the Internet, to follow cybersports.

Janet and Roger have been married for eighteen years, and after that long, people reach an accommodation. Their deal is that Roger's vintage Porsche doesn't get restored until the kitchen gets remodeled.

Such tit-for-tat arrangements are how these women say they adjust to their men's sports obsessions. Men view accommodation differently. A West Coast attorney whose colleague asked how his sports-widow wife was doing was indignant at his implied neglect. "Every time I go to the game, I ask her if she wants to go!" he sputtered defensively. "She just doesn't want to!"

And while the technology that spawned this problem is unquestionably cutting-edge, the options for coping with a hardwired sports spouse are still as primitive as a stick and a ball. There's the "if you can't beat 'em, join 'em" rule—learning the game even if you don't learn to love it, to share time with your favorite cable jock. A variation, the "separate but equal" route, means cultivating pursuits of your own. If he is beyond compromise or reason, try counseling (scheduled, of course, so as not to conflict with *the game*). The extreme solution? Bury the remote. At least when he keeps asking where it is, he'll be talking to you. And if that doesn't work, recovering sports addict Kevin Quirk has written an entire book on the subject: *Not Now, Honey, I'm Watching the Game* (Simon & Schuster, 1997).

An Atlanta couple, Kathy and Kevin McCauley, have ironed out some of the glitches that his intense sporting life has created. Sundays get planned around his basketball game, and "that does get a little irritating sometimes. If we haven't done what has to be done by two o'clock, it gets canceled." And if they do do something together—say, go for a hike—the VCR tapes the game.

But fourteen years of marriage has made a philosopher of Kathy: "If that's the worst of my problems, I'm doing fine." ●

Patt Morrison has been part of two Pulitzer-prizewinning reporting teams at the Los Angeles Times.


NOT
THIS
VALENTINE'S
DAY.
Make sure
ur breath is Scope
fresh and clean,
or kisses
his Valentine's Day
could be
mighty scarce.
SCOPE
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KISSA
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Princess Diana

THE MOST *fascinating* WOMEN OF '97


nus Williams


Madeleine Albright

For women, it was a year of triumph, tension and tragedy. We mourned the deaths of a princess and the saintly woman who inspired her. We empathized with wives who coped with scandal and heartbreak. We cheered real-life heroines brave enough to break through barriers. And laughed out loud at the hilarious comeback kids who entertained us. Through it all, the women of 1997 proved to be resilient and memorable.


Kirstie Alley

Don't Miss Our TV Special

"[illegible] Women" on CBS, Monday, December 29, at 10 P.M., E.T./9 P.M., C.T., sponsored by [illegible]. You'll get up close and personal with your favorites and share the inspiring stories of the women who have made 1997 an unforgettable year.

THE MOST FASCINATING WOMEN OF 199





BETTER AND BETTER

It was a year for captivating comebacks and breakthrough st





Julia *smiles again*

With this summer's hit *My Best Friend's Wedding*, Julia Roberts has returned to the funny, sexy roles that made the world fall in love with her in the first place. The once-gawky girl from Smyrna, Georgia, who now commands $12 million a movie, also turned thirty this year and has a mature perspective to prove it. "An actor friend once told me, 'I'd hate to be you,'" she recalled. "And I said, 'It's actually kinda great being me. I have a remarkable, spectacular, amazing life for which I am so grateful. It's the best-kept secret in town.' I think I'm moments away from coming into my own." This year, we think she's definitely made it.

Kirstie *comes back*

Cheers for the return of sitcom diva Kirstie Alley. In *Veronica's Closet*, the biggest new hit of the fall season, Alley brought sass back to TV as a lingerie-empire owner. In real life, the forty-three-year-old actress is divorcing her husband, Parker Stevenson. But work is where her heart is. Alley completed five films, including Woody Allen's *Deconstructing Harry*, *Common Ground* with John Travolta and *For Richer or Poorer* with Tim Allen. "I fulfilled a lot of my dreams," she says.

Ashley *shines bright*

Until now, she's been famous for her family (mother Naomi and sister Wynonna) and her famous boyfriends, Matthew McConaughey and Michael Bolton. But this year, with her charged performance in the thriller *Kiss the Girls*, twenty-nine-year-old Ashley Judd has become famous for being a subtle and mesmerizing actress. Yet the University of Kentucky Phi Beta Kappa says she's put off by the way fans adulate celebrities. To which we say, "You're a star now, honey. Get used to it."

Celine *hits a high note*

Even before this year's smash release, *Let's Talk About Love*, twenty-nine-year-old Canadian songbird Celine Dion sold over fifty-five million albums, making her a top-selling vocalist worldwide. Dion, who won two Grammys this year, has also been working on a goal that has eluded her since her marriage to manager-husband René Angélil three years ago: having a baby. "*Les répétitions générales*, the dress rehearsals, are going fantastically well," she said. "When it happens, we'll be halfway to heaven."



Della & Roma *draw crowds*

Tea
aged by critics, is now solidly
in the
two
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creat
Della Reese.

WOMEN OF ACHIEVEMENT



In April, Mayor Pat Owens went from small-town leader to national heroine by shepherding flood- and fire-ravaged Grand Forks, North Dakota, through its darkest days. Neither fear nor exhaustion prevented her from keeping hope afloat.



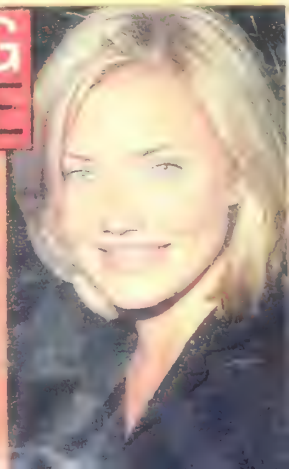
Madeleine Albright made one of the most important advances in U.S. history when she was sworn in as our first female Secretary of State. Right from the start, she proved she knew when to get tough—and when to turn on the charm.

SWITCHING GEARS



Roseanne This year the "domestic goddess" has remade herself yet again. In May, when her Emmy-winning show went off the air, Roseanne decided to go up against Oprah and Rosie and host her own daytime chat show, set to debut in 1998. And proving she still has a sense of humor about herself, she starred in a revival of *The Wizard of Oz* as—who else?—the Wicked Witch of the West.

WEDDING BELLE



Cameron Diaz She managed
to get the guy away from
and
[illegible] (twenty-five-
[illegible] model is
[illegible] Dillon. We
[illegible] in for what
[illegible] do next.





IN THE NEWS

It was a year for being true to yourself with fanfare and dignity





Ellen *out at last*

She made prime-time TV history this spring when her character, Ellen Morgan, became the first lead on a network sitcom to acknowledge being gay. Ellen DeGeneres came out of the closet in real life, too, and the public was polarized. The gay contingent cheered, while conservative groups attacked the star and the show. Despite the opposition, DeGeneres has continued to push the boundaries, and her campaign, she says, is all in the name of honesty. "I never wanted to be the spokesperson for the gay community," she insists. "I did it for my own truth."

Kathie Lee

Less than a year after Kathie Lee Gifford came under attack for her sweatshop-produced clothing line, the forty-four-year-old talk-show host faced a scandal far closer to home. When a video camera captured the tryst between Frank Gifford and Suzen Johnson, the image of the Giffords' perfect marriage was shattered forever. Still, the very next morning, Kathie Lee put on a brave front and faced her live audience. In private, the couple sought help from marriage counselor Gary Smalley. In the meantime, she penned the children's book *Christmas with Kathie Lee* and is donating the proceeds to charity.

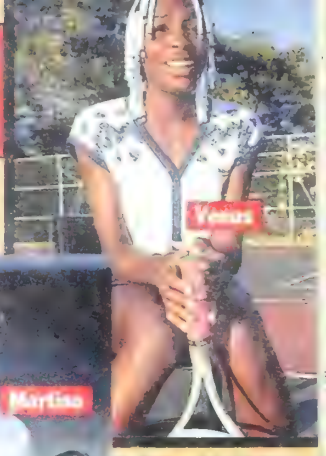
Camille

Devastating is the only word that can be used to describe the past year of Camille Cosby's life. First her only son, twenty-seven-year-old Ennis, was murdered. Then she stood by Bill, her husband of thirty-three years, when he admitted to adultery but denied being the father of Autumn Jackson, the twenty-two-year-old woman who filed a paternity suit against him. Bravely, Camille fired back at the tabloids hounding her family: "Bill and I were very young when we married; we had to mature, we had to learn the definition of unselfish love, and we did."

Emme

In an age where skinny sells, Emme is helping redefine what it means to be beautiful. With her Botticelli curves and abundant self-esteem, the thirty-four-year-old plus-size Ford model is now a role model as well for the almost half of American women who are size fourteen and up. This year Emme wrote an inspirational book, *True Beauty*, which encourages women to take a positive attitude toward their size. "My story is a story of hope, and maybe it can reeducate people," she says. "Everyone should start to become her own role model in her own image."

EARLY BLOOMERS



Two year-old Wimbledon and the Australian and U.S. Opens to become the number-one women's tennis player in the world. But while Hingis won the title, Williams grabbed the headlines. The first African-American woman to reach the U.S. Open final since 1958, the seventeen-year-old Williams has been compared to golfer Tiger Woods for challenging the color barrier in her sport.





This year at the Winter Olympics, all eyes will be on the arabesque grace of fifteen-year-old Tara Lipinski, the youngest-ever world champion figure skater.



She's known as the pint-sized Picasso. Paintings by Alexandra Nechita have been bought by Oprah Winfrey and Queen Elizabeth. Not bad, considering she is only twelve years old.





LOVE SONG

Linda

After an exhausting two-year fight, fifty-six-year-old Linda McCartney has beaten breast cancer. Linda survived to see the success of her loved ones this year: Her husband, Paul, released his twenty-seventh post-Beatles album, and their twenty-six-year-old daughter, Stella, a designer, got a standing ovation at her debut show for the French fashion house Chloe. But to Paul, who says his wife's illness brought them closer together, Linda is the great achiever. "If it had happened to me, I don't know whether I'd be able to be that positive," he said. "She's a great and strong woman."

IN LOVING MEMORY





Mother Teresa
missionary worker

When "the saint of the gutter" died at the age of eighty-seven, the world lost its best-known example of human compassion. Born in Albania, Mother Teresa taught schoolchildren before she received what she interpreted as "the divine message" to help those in need. After that, she devoted her life to the children of war, people afflicted with AIDS or leprosy, and those left to die in the streets. Through her Roman Catholic order, the Missionaries of Charity, she raised millions for the poor while living among them. "She led by serving," said President Clinton, "and showed us the stunning power of simple humility."





Diana
beloved princess

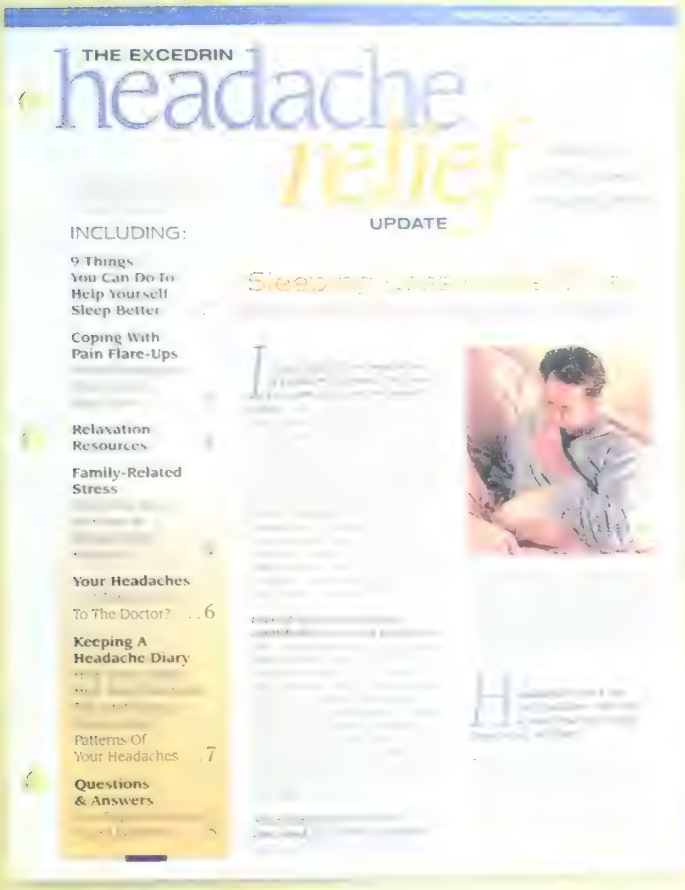
Over the years, the world watched Diana as she struggled through myriad roles: royal bride, mother, fashion plate, scorned wife and, finally, an independent woman with happiness ahead. How shall we remember her best? Perhaps doing what she loved, caring for children: her commitment to abolishing land mines; her secret visits to pediatric wards; and hands-on mothering of her own young sons, William and Harry. As her father, the late Earl Spencer, once said, "If you see her with her two beautiful, charming children, you can see that she's happy."



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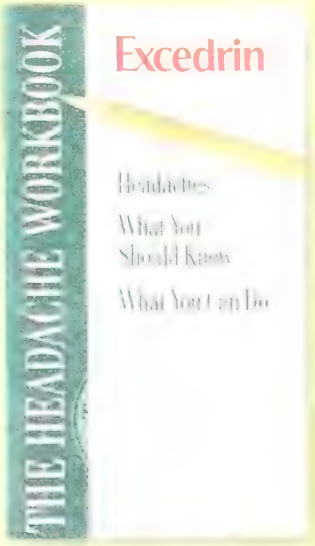
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NEW YEAR, NEW YOU

REINVENT YOURSELF!



YEARNING FOR MORE THAN A LITTL

Take heart—and advice—from thes

ransformed the way they live, work









Redefining women (clockwise from upper left): Dr. Laura Schlessinger, ex-exec Brenda Barnes, Oprah Winfrey and Congresswoman Carolyn McCarthy

This January, many women are going for something more than resolutions—they want New Year's *revolutions*. They may be motivated by a crisis—divorce, illness, the loss of a spouse—or simple frustration, a nagging sense that they aren't making the most of their lives. Happily, there is no shortage of role models for reinventors.

Consider the transformation of one quiet suburban homemaker. Tragedy catapulted Carolyn McCarthy into a life of activism. On December 7, 1993, gunman Colin Ferguson killed McCarthy's husband and five others and grievously wounded her twenty-six-year-old son, Kevin, as they rode a New York commuter train. The massacre galvanized the former nurse, who will be fifty-four this month, to a new role as a gun-control lobbyist and, eventually, a high-profile Democratic congresswoman. "I chose to try to make something good come out of a horrible situation," she often says now.

Sometimes, a reordering of values—figuring out what really counts most—spurs reinvention. As president and chief executive officer of Pepsi-Cola's North American beverage business, Brenda Barnes was one of the corporate world's most powerful women. Then, last September, she announced that she was hopping off the fast track in order to spend more time with her husband and three children. After twenty-two years of juggling, Barnes, forty-four, was exhausted. She knew she had to resign, she said, when one of her kids begged her not to miss another birthday.

Spiritual hunger can also redirect our paths. As a divorced family therapist in Los Angeles, Dr. Laura Schlessinger felt her life was "empty" until she remarried, gave birth to a son and rediscovered her Jewish faith. Those redefining experiences, she believes, powered her takeoff as Dr. Laura, radio shrink, the most popular—and provocative—woman on the airwaves. "My show is not about mental health," declares the no-nonsense fifty-year-old, author of *Ten Stupid Things Women Do to Mess Up Their Lives* (HarperCollins, 1995). "It's about moral health."

And sometimes, reinvention results from a lifelong quest for self-improvement. Few women have redefined themselves more publicly, or more frequently, than Oprah Winfrey. Having fallen for, and then off, every fad diet imaginable, America's most influential TV star finally got healthy through a low-fat diet and regular exercise. "What started out as a weight-loss plan," she says, "ended up changing my life forever." Winfrey, who turns forty-four on January 29, is still very much a reinvention in progress. She has refocused her show, eliminating sensationalism and increasing its sense of fun. The on-air book club she created has boosted reading literature. And, most recently, she has taken her message to home video, releasing *Oprah: Make the Connection*, an "intimate video diary" of her life that aims to inspire other women to meet the challenges that threaten to hold them back.

Here are three other women whose names are not as familiar but whose stories are just as inspiring.

—*Lynn Langway*



Redefining The Good Life

In 1988, Robin Hlavacek seemed to have it all: a six-figure income from her job as a Wall Street trader, a new twenty-nine-year-old husband (nine years her junior), a stylish New York City apartment and a happy seven-year-old son, Daniel, from her previous marriage.

But Robin was miserable. "I became a bond trader because I had a strong desire to succeed in a world dominated by men," says Robin, now forty-seven. "My mom subverted her life for my dad, who was the ultimate ruler. I wanted to make my own money, live my own life."

But having worked her way up the corporate ladder, Robin found no satisfaction at the top. "It was all money, egos and power," she says. "There was nothing socially redeeming about my job. And it put a terrible *(continued)*

EPACKAGING THIS NEW YEAR?
omen's bolder ambitions. They completely
ve BY LESLIE LAMPERT

(continued) strain on my marriage." An institutional broker when Robin met [illegible] Jeff, switched to bond trading at a competitive firm. That competition—and the fact that they had to keep professional secrets from each other—spilled over into their personal lives. Moreover, Robin's long working hours made her feel "cheated" out of Daniel's childhood.

Robin wanted—needed—to find a happier way of life. So she quit her job and moved with Jeff and Daniel to suburban New Jersey. Then she panicked. "I was terrified of being financially dependent on my husband," she recalls. "My ego was so tied up in how much money I made that I had lost myself."

Then Robin got a golden retriever named Halsey. "Because of Halsey, I got to know some dog breeders in the area," says Robin. "I decided to buy my first show puppy." So she got Camber, then Kilo, then Breeze. Robin's passion for breeding and dog shows became a source of great personal fulfillment—if not much financial gain. "If you're truly passionate about bettering the breed," admits Robin, "the cost is often greater than the income."

When she was forty-three, "my husband got the baby craze." At first she wasn't worried, since she'd had no trouble conceiving her son. But it took three years, and several frustrating rounds of infertility treatments, before Robin finally found out she was pregnant on her forty-sixth birthday.

Today, Robin is reflective. "I traded the bells and whistles for a simpler life. I am a stay-at-home mom with a happy marriage, a new baby daughter, a terrific teenage son and a stone-front colonial in suburbia. Just how I *never* pictured myself," she says with a laugh, "but I'm really, really happy." Robin runs an infertility support group on the Internet, but the family lives solely on Jeff's income. It's made for some belt-tightening, but, says Robin, "I've traded down to live it up."



When Donna Samborski, thirty-eight, bought her first home fifteen months ago, she knew her self-transformation was complete. Donna, who now lives in Las Vegas, grew up on a farm in Missouri and never went to college. Six years ago, after her first marriage fell apart, she fled to Las Vegas with her two young daughters. She was twenty pounds underweight and on the verge of a breakdown. A second disastrous marriage followed a year later. When it ended, "I had no confidence," Donna recalls. "When I left my husband, his parting words were, 'You'll never be anything without me.'"

Those words may have saved her. Determined to prove him wrong, Donna got a job arranging silk flowers. At the beginning, all her money went to day care for her daughters, Cassie, now sixteen, and Kellie, now fourteen. But over time, Donna became manager of her company's showroom and began designing silk plants for the interiors of the major casinos. "Sometimes I work more than fifty hours a week," says Donna. "I am so focused on giving my daughters a better life than I've had. Last September, it finally paid off. I saved up enough for a house."

During that time of self-discovery, Donna and her daughters also discovered a passion for in-line skating. "I would watch the girls practice for the speed-skating team," says Donna. "And I'd say to myself, I can do this. At first, I was hopeless. The coach would put me on the starting line and say, 'Go.' I'd take a step and fall. I did not know how to run on skates, which is what speed skating is all about."

Determined to "win her starts," Donna practiced four times a week after work. "And I got good at it," she says. She began racing in national competitions with Kellie and Cassie. "My goal was just to make it to the finals," says Donna. "But in 1995 I exceeded my goal—I placed third." Now all three are training for this year's competitions, cheered on by Donna's mom and dad.

But skating has done more than introduce Donna to a new sport. "In addition to being in great physical shape," she says, "I have much more self-esteem—both personally and professionally. Now I know that if I want something badly enough, I can achieve it."

The Six Stage

Whether you're ready to re-create yourself today or a associated with the process. LHJ asked Carol Friedland

1. CATCH YOUR BREATH. "Pause before you begin the process of making decisions," says Friedland. "It's like being tossed from a moving train. You have to roll, tumble, stop—then recompose yourself."

2. ASSESS DAMAGE. "Evaluate yourself. This is the time to sort out confusion and take a good look around. This is when you accept that your life needs retooling. You're getting comfortable with the concept of change."

3. SET GOALS. "The next step is to look at your desires. I ask my patients to write down what they'd do if they won the lottery. This helps make their goals concrete. I tell my patients to keep the goals philosophical at first. For example, 'I want more joy' or 'I want to feel more useful.' Once goals become clear, the roads to achieve them will be more clear."

4. PLOT A COURSE. "The next step is to match



Reclaiming A Lost Vocation

When Chicagoan Ruth VanDemark, fifty-three, decided twenty-seven years ago to become a lawyer, it was on purely practical grounds. She had a master's degree in geology from Harvard University, a husband who was getting his doctorate in psychology—and two young daughters. As much as Ruth loved exploring religion and philosophy, she felt that one academic career in the family was plenty.

Ruth went on to become a top attorney with a well-known Chicago firm. "By 1990, my legal career was at a pinnacle," she says. In addition, the software company that she and her husband started after he resigned an innovative program was "at its height." Life was good.

That's when Ruth shifted gears. "Seven years ago, religion suddenly took on a great deal of importance to me," she explains. "That's when I began taking courses to become an ordained Lutheran minister."

Some of Ruth's fondest memories from childhood were of accompanying her physician father on his hospital rounds. Now she longed to be a healer as well. So, in January 1995, after much soul-searching, Ruth left the large practice where she had become a partner to set up her own firm, where she could work part time. Although "people in my profession thought going part-time meant an instant lobotomy," she was thrilled to be able to practice law and, at the same time, minister to critically ill patients and their families at Northwestern Memorial Hospital.

"It's so rewarding to lead worship and teach, and to work with patients and families in crisis," Ruth says. "I feel such a centeredness. I've never felt better." ●

Leslie Cooper is [illegible] editor of Living Home Journal.

f Reinvention

feel the rumblings of dissatisfaction. [illegible] ical psychologist in New York City, to [illegible]

a skill with your goals. If you want to be more useful in your community, then find a volunteer program. If you want to feel more independent, take a computer or finance course. If you want to expand your relationships, think about whom you'd like as a friend."

5. STAY FLEXIBLE. "Once you set a course of action, resist being rigid. You have to be able to bend with new needs or desires. The key is not to get locked into any one solution. Sometimes, one course of action sets off another, more promising one."

6. RE-EVALUATE REGULARLY. "Take your emotional temperature and ask yourself frequently, How am I doing? Am I happy? Have my goals changed? Remember that achieving happiness is not a one-shot deal. You have to keep working toward your goals. The [illegible] to thrive."







NEW YEAR, NEW LOOK

"Give 'em the works," we said when we brought our two stuck-in-a-beauty-rut volunteers to New York's Bumble and Bumble salon. They wanted to REINVENT their style. The results: Well, talk about ringing out the old. By Lois Joy Johnson

RODNEY CUTLER, STYLIST "To me, Jennifer's personality and very youthful glamour didn't mesh with all that long hair. So I cut it dramatically shorter—we lost more than a foot!—in an updated bob that is angled toward the face. The back is even shorter, tapered to the nape. Jennifer has super-straight hair—a real asset. It has a satiny sheen and, also thanks to this cut, a real sexy swing!"

VICTORIA HUNTER, COLORIST "I took one look at Jennifer, and right away I saw her as a blond. The honey-colored skin, the blue eyes and that dramatic new cut are all perfect for fair-haircoloring. I decided to be bold and make her a 'baby blond,' which perfectly suits her but will take some maintenance every ten to twelve weeks."

LIZ MICHAEL, MAKEUP ARTIST "Jennifer looks great without makeup, but when she does choose to wear some, she needs an update in sync with her new hair. I used just a little foundation—a soft beige applied in spots where she needs coverage—around her nose and inner eye area. I used Prescriptives Foundation #2. Some nude blush on the cheeks (Clinique Soft Pressed Powder Blusher in Nude Nude) warms up her skin, and a deep olive color on the lids and a pink-gold on the browbone look great with her blue eyes. Last, I added just a sheer hint-of-color gloss, like Clinique Tenderheart, slicked on with a fingertip."





JENNIFER HINDMAN, 28

"I had been wearing my hair very long for about three years. It was convenient for me—I'm a dancer, so I'd just put it up or pull it back in a ponytail. And when I wore my hair loose, people always complimented me—it's thick and straight as a pin. Absolutely nothing affects it, not bodywaves, not rollers, not curling irons—nothing! This time last year I wouldn't have considered cutting my hair, but I'm making a lot of changes in my personal life and it just started to feel right. I'm finishing up a graduate degree, and now I'm ready to step out in style!"



RODNEY CUTLER, STYLIST "Carolyn wasn't wearing her hair in a way that enhanced her pretty features. And she was worried about the wrong things. The issue isn't whether her hair should be curly or straight, but whether her hair suits her face and lifestyle. First I got rid of the length so her wavy hair would have movement. Then I added layers, using a razor for a feathery effect. Now all Carolyn has to do when she gets out of the shower is run a little styling cream mixed with gel through her hair and let it dry naturally."

VICTORIA HUNTER, COLORIST "The only concern Carolyn had was getting rid of some new gray strands. But I wanted to go lighter and warmer, too, making her hair reddish brown and adding subtle amber highlights. This accentuates her hair's texture and adds light to her face."

LIZ MICHAEL, MAKEUP ARTIST "Carolyn needs a yellow-toned base a shade lighter than her skin tone to neutralize redness—using one the same color as her skin would look muddy. I used Prescriptives Virtual Skin in Ecru applied with a flat brush for realistic coverage, then applied Prescriptives Camouflage Cream to ruddy areas. To brighten her eyes, I chose a lemony shadow, and to open them, I applied a dark chocolate line to the outer corners. On her lips, I used a sheer berry stain."

For more New Year, New You beauty and fashion tips, plus a video blow-drying lesson from a top stylist, visit us at LHJ Online—http://www.lhj.com



CAROLYN NOYES, 33

"I've had long hair since I was in high school, when I had a kind of [illegible] and [illegible]. And [illegible] was a real chore—it was a two-hour routine I did every [illegible]. Lately I had become obsessed with [illegible] days seemed to be getting fewer and [illegible], and I wanted to stop constantly [illegible] wait to cut it off, and now I wish I'd [illegible] time I now have in the morning!"



COLD COMFORTS

Winter doing its annual looks-robbing number? The
dose treatment—a mask or deep conditioner. Here

MASKS are like booster shots for skin that needs help—depending on type, they restore moisture, absorb oil or smooth skin texture. The healthy glow they bestow can be short-term, however, lasting from three to twelve hours. So although many women like to apply a mask at night before bedtime, it's better to do it in the morning, so you won't sleep through the period of prettiest results!

Our panel of experts: John Duffy, technical director, Avon Skincare Labs; Caroline Hieper-Vogt, VP of education, Clarins; Cristina Carlino, creator of Philosophy and BioMedic Skincare.

SKIN CONDITION	YOU NEED	TRY
DULL, TIRED	An exfoliating mask with enzymes or AHAs to remove dead skin cells once or twice weekly.	Avon Anew Alpha Peel-Off Mask ($13), Philosophy Deeply Superficial ($18)
BROKEN OUT	An oil-absorbent clay or paste mask with anti-acne agents like benzoyl peroxide or salicylic acid. Use on affected areas only as needed.	Neutrogena Acne Mask ($6.25), Naturistics Spa Face and Body Mud Mask ($7)
VERY DRY	A moisture-enriched cream or gel mask with humectants (glycerin, propylene glycol, lactic acid) and emollients (caprylic-capric triglyceride, isopropyl myristate). Use twice a week.	Estée Lauder Triple Creme Hydrating Mask ($27.50), Clarins Revitalizing Moisture Mask ($28), Aveda Intensive Hydrating Mask ($26)
CREASED, LINED	A firming gel or clay mask with exfoliating and skin-tightening ingredients, like seaweed extracts or alpha hydroxy acids. Use once or twice a week.	BeneFit "Shrink Wrap" ($26), Naturistics Alpha Natural Plus Peel-Off Facial Mask ($4)
COMBINATION	A peel-off or non-greasy gel mask with humectants, plant extracts and/or antioxidant vitamins. Use once a week.	Sears Circle of Beauty Skinplicity Moisture Wrap Peel-Off Mask ($8.50), Murad Hydrating Gel Masque ($22)
OILY, WITH VISIBLE PORES	A deep-cleaning clay mask with oil-absorbing ingredients like kaolin, silica, cornstarch or bentonite. Use twice a week.	Erno Laszlo Sea Mud Mask ($32), Prescriptives Px Purifying Scrub ($18.50), Chanel Gentle Cleansing Mask ($42)
SENSITIVE	A soothing mask with botanicals like green tea or cucumber extract. Use once a week.	Clinique Skin Calming Moisture Mask ($18.50), Dermalogica Intensive Moisture Masque ($32)

reat yourself to a soothing mask- he best for all types of hair and skin

Q. I have dry skin normally, but I also have occasional acne flare-ups. Which mask is right for me?
Always choose a mask for your skin *condition*, not your skin *type*. Do you have blemishes you want to treat, or is your dry skin particularly flaky right now? The answer will indicate which product to use. Decide how often to use a mask on a case-by-case basis. There may be times when dry skin can benefit from a hydrator mask every day instead of the more typical twice a week.

Q. When I use a mask, my skin tingles so much, it's uncomfortable. Any advice?
A. Perhaps you're leaving the mask on too long or applying it too thickly. Neither action will net better results. But you can protect sensitive skin areas by applying an eye cream and lip balm before you put on a mask—doing this will also help outline the boundaries where the mask shouldn't go. Also, applying a little oil-free moisturizer to the skin before the mask can make the tightening action more comfortable.

Q. Can using a mask really shrink the size of my pores?
A. Pore size is often hereditary. But because a mask can remove the excess sebum that makes them more visible, pores will seem more refined for about a day following a mask.





DEEP CONDITIONERS

Unlike their everyday conditioner cousins, these deep-working products contain moisturizing agents that bond to the hair shaft and smooth and soften hair through several shampoos. Which should you choose when you're staring at a wall of tubes and tubs of fruity pastel creams with all the appeal of dessert? Here's how to know:

Our panel of experts: Joseph Cincotta, Ph.D., manager of research and development, John Frieda Professional Haircare; Nancy Hamm, product development manager, Procter & Gamble.

HAIR TYPE	YOU NEED	TRY
BREAKAGE-PRONE	A light, leave-in conditioner with an extra-body protein formula. Use once every two weeks. TIP: Avoid the scalp area.	Pantene Pro-V Light Spray Conditioner ($3.99), Finesse Hydrating Silk Protein Leave-In Conditioner ($2.99)
FRIZZ-PRONE	A leave-in conditioner every day to coat hair shaft and soften crispy texture, and a deep conditioner or oil treatment weekly.	Infusium 23 Leave-In Treatment ($3.80), Clairol Daily Defense Fortifying Leave-In Conditioning Spray ($3.49)
BRITTLE AND DULL	A hot-oil conditioner once a week to re-fat hair that's been stripped of natural oils by too-frequent heat styling. TIP: Wrap hair in hot towel to speed penetration.	Alberto VO5 Hot Oil Shower Works ($5.29), Frizz Ease Pro-Scription Hot Oil Treatment ($5.99)
CHEMICALLY PROCESSED, DRY, DAMAGED	A deep conditioner with a blend of humectants (like hyaluronic acid), protein (like wheat protein), vitamins (E, panthenol) and emollients (shea butter, hazelnut oil). Use once or twice a week.	L'Oréal HydraVive Moisture Solution 5-Minute Treatment ($1.69), Paul Mitchell Hair Repair Treatment ($10.95)
MANY SPLIT ENDS	A spray leave-in conditioner daily, with proteins to smooth splits and polymers to add body; deep condition twice a month.	For deep conditioning: Biolage Systeme Hydro-Active Hair Masque ($6.25), Aussie 3-Minute Miracle ($4.40)
HEALTHY	An all-around deep conditioner once every three to four weeks for maintenance; heat protector before blow-drying.	Redken Climatress Treatment ($9.95), Théorie HydroFy ($5.99)

Q. The instructions on the package of my conditioner say to leave it on for a full twenty minutes. Must I?

A. Yes—that's how long it takes for a typical deep conditioner to penetrate the cortex of the hair shaft and rebuild its strength and flexibility from the inside. However, adding heat can help accelerate the process, so if you're in a crunch for time, you can wrap your hair in warmed towels. Don't be tempted to put the deep conditioner itself in the microwave before applying, however—most cream emulsions have a tendency to separate when independently heated.

Q. What's the difference between a deep conditioner and a hot oil treatment?

A. Both are intensive-care treatments, but hot oil is especially good for people whose hair tends to get drier rather than oilier between shampoos. Hot oil "re-fats" or replenishes dry, brittle hair, restores a glossy, healthy shine and also conditions.

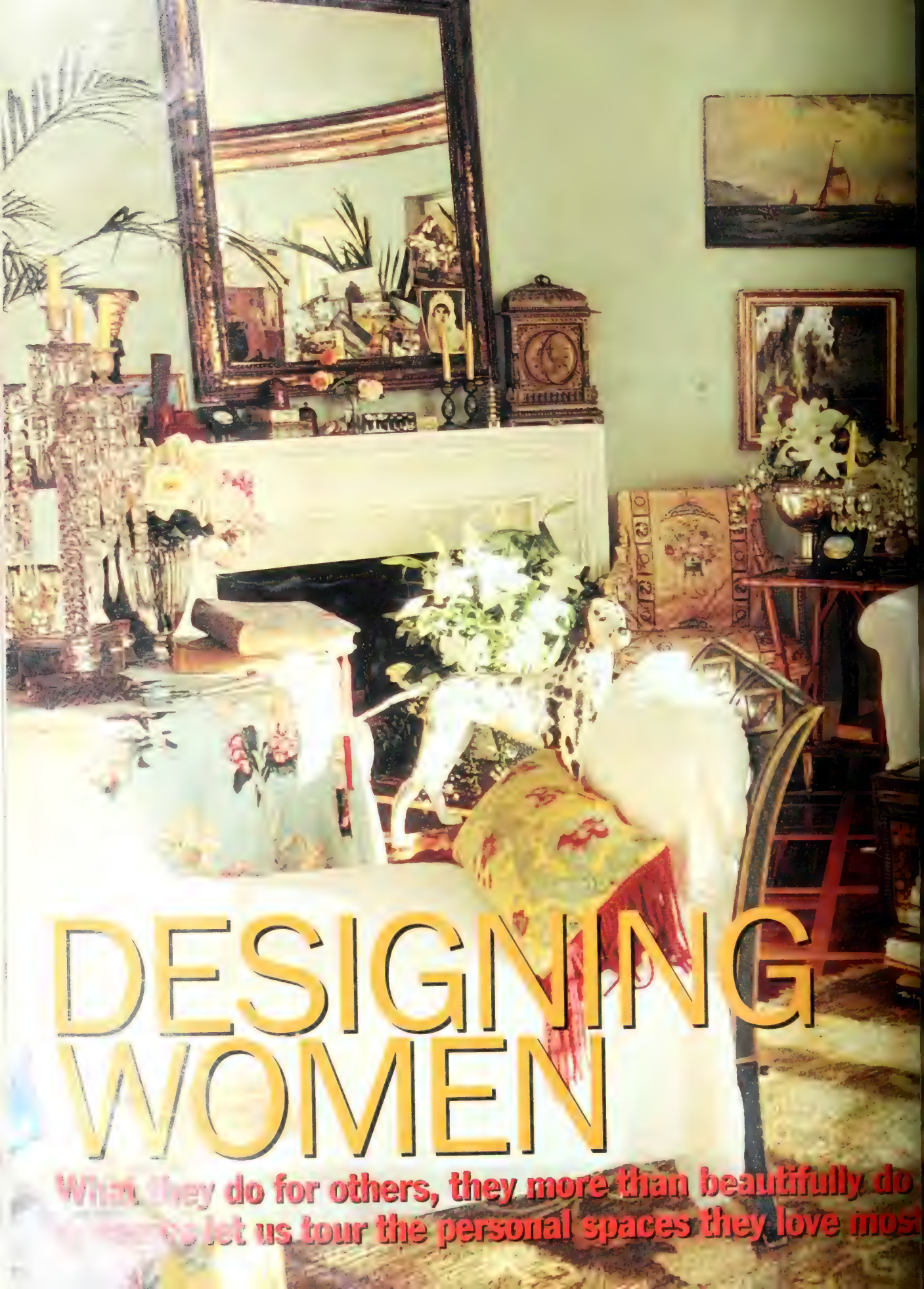
Q. What about those leave-in conditioners?

These are excellent for curly, thick, coarse hair that is subjected to a lot of heat styling. They tend to have lighter formulations than regular conditioners but use some of the same softening agents. They're great as a fast fix for calming and coaxing unruly hair.

Q. After I deep condition my hair, it feels softer and smoother, but it also seems heavier and flatter. Any advice?

A. You may need to avoid applying conditioner to the inch or two of hair closest to your scalp. Concentrate on the mid-shaft portion to the ends, really working the conditioner into the hair, massaging for at least thirty seconds. And be sure to get the underneath layers.


JUST SAY NO TO
WINTER'S WOES



DESIGNING WOMEN

What they do for others, they more than beautifully do [illegible] let us tour the personal spaces they love most





Von Kersting's sun-dappled sitting room

When Lynn von Kersting found the pink house nestled in the hills above Los Angeles, it had been empty and on the market for more than two years. But even though it had fallen into disrepair, its pedigree remained impeccable—Hollywood film director George Cukor had lived there, and had entertained the great stars of his day. Von Kersting, owner of the chic design shop Indigo Seas as well as two restaurants, decided she was up to the task of bringing the wreck back to life, and moved in.

The home's problems were not merely cosmetic, and the renovation took a number of years. But now that the job is largely done, and von Kersting can finally squeeze out some time for herself, she enjoys nothing more than relaxing in her oval-shaped sitting room, which she has filled with overstuffed furniture, treasures from her travels and piles of books. "Everything feels at home in this room," says von Kersting. "It's like a mixture of old summer-house memories."



emselves. Three
. By Chris Casson



Charlotte Moss is a well-known New York decorator, retailer, author and creator of a line of furniture inspired by celebrated women of the early twentieth century such as Coco Chanel and interior designer Elsie de Wolfe. She is also involved with a number of charities, including the Irvington Institute for Medical Research and Boys Harbor. With so much crowding her days, Moss needed a room of her own where she could organize her various projects. Besides, "the desk in my bedroom was annoying to look at," she says. "I couldn't sleep with stacks of files staring at me!"

Moss was fortunate to have an extra guest room to transform, but her advice to women is to "find a place in your home and just claim it. Do it now before someone else in the family does. Convert a closet, use a screen to create a space within a room—anything you need to do so you have someplace where you can focus."

For her own sanctuary, Moss chose a peaceful color palette of sage, ivory and pale pink as a backdrop and lined the room with books. The large desk chair was chosen because it is sized just right to accommodate Moss and one of her spaniels. "This is where I bring work home from the office; I write letters for charity events; I write my books here. And, at the end of the day, I read and relax."

Places for relaxation and inspiration, these rooms are at once soothing and evocative



Weeks's office is an eclectic blend of classic pieces and salvage

Helen Ballard Weeks is the founder and creative force behind the popular Atlanta-based home-furnishings mail-order catalog, Ballard Designs. Perhaps not surprising for a busy executive, her "personal domain" is her office; ironically, her schedule of trade shows and photo shoots allows her little time to enjoy it. "The space is special to me," she says, "because I so rarely get to be there!" Whenever she can, Weeks retreats to her office after hours or on weekends for some well-earned quiet, to read or simply to daydream. There she's surrounded by her favorite old chipped mirrors as well as architectural salvage finds, books, and old wooden chairs. "Having a neat and perfect room is not my interest," she says. "Instead, it needs to feel like a stylish nest."



Moss's retreat, high above New York City, reflects her passion for French and English antiques and her love of books and paintin

The average person makes three New Year's resolutions. Here's one you won't mind keeping.



Not just lean. It's cuisine.

FOOD

JOURNAL







To Your Health

Want to get 1998 off to the best possible start? Then start here: In 30 Days to Be a Healthier Cook, we've gathered the best low-fat and heart-smart healthy cooking advice, all backed up with great-tasting recipes that cut calories without cutting flavor. Luscious desserts that won't ruin your waistline. Low-cal snacks that will truly tempt you. We're sure you'll agree: This new year is shaping up mighty deliciously!

Polenta with Beef Ragout

This version of Italian ragout sauce has a fraction of the fat.

Prep time: 15 minutes
Cooking time: 30 to 35 minutes

Ragout
1 pound extra-lean ground beef
1 cup chopped onions
1 tablespoon chopped garlic
1 can (14½ oz.) plum tomatoes, drained and chopped, juice reserved
1 large red pepper, cut up
1 large zucchini, chopped
½ cup chopped carrots
1 tablespoon tomato paste
½ teaspoon oregano
¾ teaspoon salt
¼ teaspoon ground pepper

Polenta
1 can (14½ oz.) chicken broth, defatted
¼ teaspoon salt
½ cup yellow cornmeal
½ cup 1% low-fat milk
¼ cup chopped fresh flat-leaf parsley

1. *Ragout:* Brown beef in a large nonstick skillet over medium-high heat. Transfer with slotted spoon to bowl.
2. Cook onions and garlic in skillet over medium heat until softened. Stir in juice from tomatoes; cook 1 minute. Add beef and remaining ingredients. Bring to boil. Cover and simmer 25 to 30 minutes.
3. *Polenta:* Combine broth and water to equal 2½ cups. Bring to boil with salt in saucepan; whisk in cornmeal. Cook, stirring, 15 minutes, until thickened. Stir in milk and parsley; cook 5 minutes. Divide polenta and ragout among four bowls. Makes 4 servings.

Per serving:

Chewy Chocolate-Chip Bars

Give yourself a treat! Thanks to the reduced-fat chocolate chips and fruit-based replacement for butter, these are every bit as irresistible as your favorite chocolate cookies.

Prep time: 15 minutes
Baking time: 20 minutes

1¾ cups all-purpose flour
½ teaspoon baking powder
½ teaspoon baking soda
¼ teaspoon salt
¼ cup butter or margarine, softened
*¼ cup fruit-based butter and oil replacement**
1 cup firmly packed brown sugar
1 large egg
1 large egg white
½ teaspoon vanilla extract
1 cup reduced-fat semisweet chocolate chips

1. Heat oven to 375°F. Lightly coat a 13x9-inch baking pan with vegetable cooking spray. Combine flour, baking powder, baking soda and salt in large bowl.
2. Beat butter and fruit-based butter replacement in large mixer bowl 3 to 5 minutes until blended. Add sugar and beat until well mixed. Beat in egg, egg white and vanilla, scraping sides of bowl. Reduce speed to low; beat in dry ingredients just until combined. Stir in chips.
3. Spread batter evenly into prepared pan. Bake 20 minutes until top is golden brown. Cool on wire rack. Cut into 2x1½-inch bars. Makes 36 bars.

* CALL 800 417 2253

Per bar:

How to Clean Leeks

Leeks' tightly packed leaves easily collect soil and grit, so you need to clean them thoroughly. Remove any outer withered leaves. Cut off green upper leaves down to where the dark green begins to pale; remove root end. Halve lengthwise; slice thinly and transfer to basket of salad spinner filled with water. Let leeks soak 5 minutes to allow grit to sink to the bottom of the spinner. Lift up the basket and rinse leeks under running water; spin dry. Repeat process if leeks are still gritty.



Thai Noodles with Vegetables and Tofu

Tofu is an excellent cholesterol-free source of protein.

Prep time: 25 minutes
Cooking time: 15 minutes

1½ tablespoons soy sauce
1 teaspoon chopped ginger
½ teaspoon minced garlic
1 pound firm tofu, cut into small cubes
1 package (8 oz.) udon noodles or whole-wheat spaghetti
1 can (13¾ or 14½ oz.) vegetable broth
½ cup pure lite coconut milk
2 carrots, cut into matchsticks
4 slices fresh ginger
1 large clove garlic, sliced
2 tablespoons fresh lime juice
1½ tablespoons Asian fish sauce (nam pla)
1 Thai red chile, thinly sliced
1 jalapeño chile, thinly sliced
4 ounces snow peas, sliced
¼ cup sliced green onions
¼ cup chopped fresh cilantro

1. Combine soy sauce, chopped ginger and garlic in medium bowl. Add tofu and toss to coat; set aside.
2. Start to cook noodles according to package directions.
3. Meanwhile, bring broth, coconut milk, carrots, ginger slices, garlic, lime juice, fish sauce and chiles to a simmer in Dutch oven. Simmer 8 minutes. Stir in snow peas and tofu mixture; cook just until heated through. Remove ginger slices. Drain noodles; add to Dutch oven with green onions and cilantro. Makes 4 servings.

Per serving:

pep up your game plan with Hormel® Pepperoni

Pizza Spirals

Win big with your next football party by teaming up with Pillsbury, Ragú, Sargento and Hormel Foods.

- 1 (10 oz.) can Pillsbury Refrigerated All Ready Pizza Crust
- 1/2 cup Ragú® Pizza Quick® Sauce - Traditional
- 3/4 cup chopped HORMEL® pepperoni
- 1/2 cup Green Giant® Frozen Chopped Spinach thawed, squeezed to drain
- 1/2 cup Sargento® or Sargento® Light Fancy Shredded Mozzarella Cheese

Heat oven to 425° F. Grease 2 cookie sheets. Unroll dough; press to 12" x 10" rectangle. Cut into 4 (6" x 5") rectangles. Spread each rectangle with 2 T. pizza sauce to within 1/2" of edges. Top each with pepperoni, spinach and cheese. Starting at longest side, roll up jelly-roll fashion; seal edges well. Cut each roll into 10 (1 1/2") slices. Place on greased cookie sheets. Bake at 425° F. for 8 to 10 minutes or until golden brown. Immediately remove from





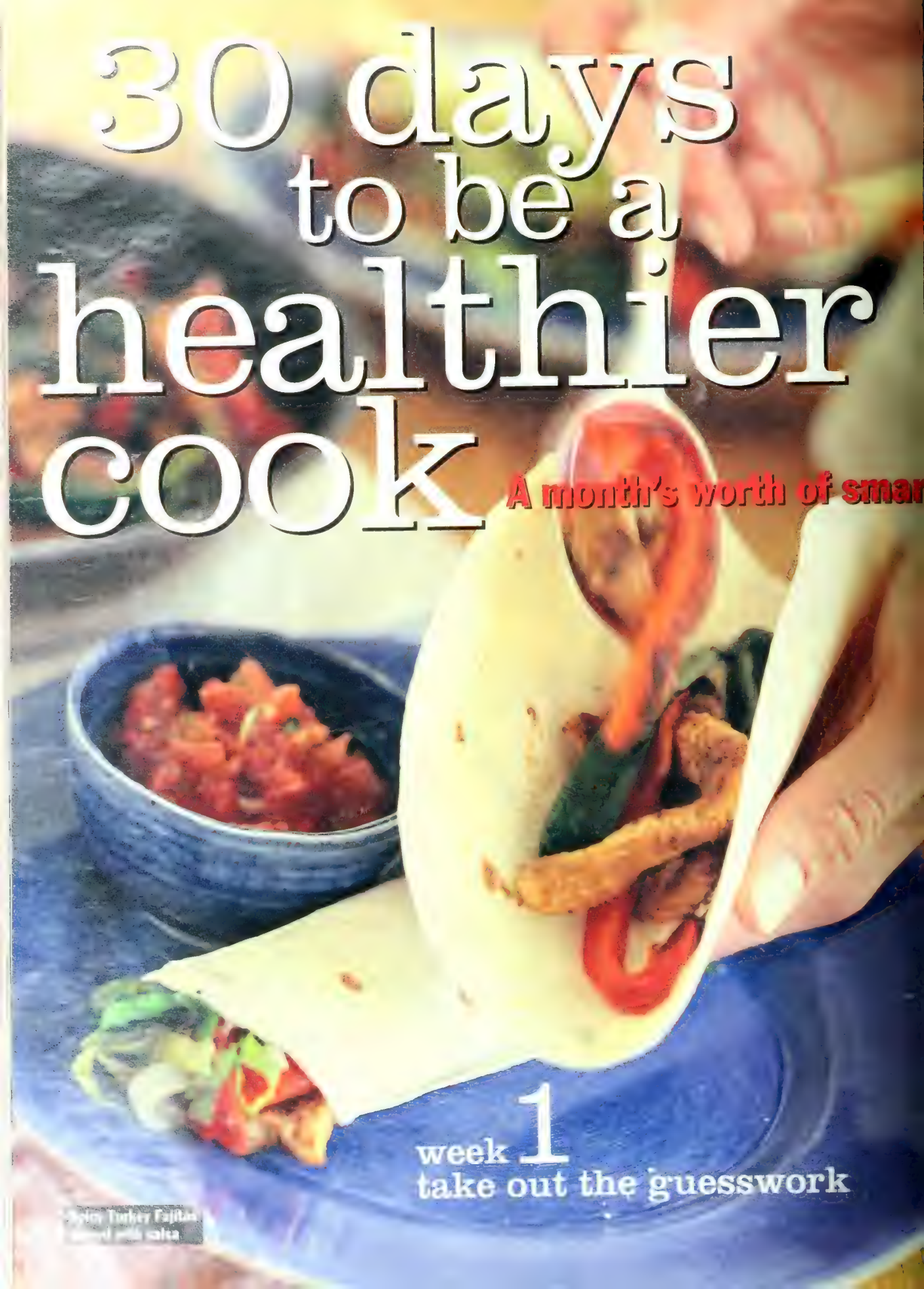
pep it up!

Hormel Foods

Foods Corporation 1997

30 days to be a healthier cook

A month's worth of smar



week 1
take out the guesswork

Spicy Turkey Fajitas

week 2
jazz it up



Pork Tenderloin with White Beans and Spinach

week 3
stock the pantry



Lamb and Barley Stew

week 4
hone your technique



Chocolate-Raspberry Torte

ays to make 1998 your most delicious year ever!

eed help sticking to your resolution to at more healthfully this year? Take ew Year's Day off to relax after the usy holiday season. Then from January 2 till the end of the month, we ffer a tip a day to get you on your lorie-cutting way.

Veek 1: Take out the uesswork

he easiest way to cut fat and calories: arning how to control portion sizes.

nuary 2 Purchase a scale for weighing eats, poultry and fish, and use measring cups to portion out pasta, cereal, lad and other foods.

nuary 3 Certain foods cannot be easily eighed or measured, such as bagels, uffins, vegetables or fruit, so you have learn to recognize a serving size by ght. Half a bagel should be no bigger an a hockey puck, an apple or orange ould be the size of a tennis ball, and a tato the size of a computer mouse.

nuary 4 As you decrease portion size, ere's room to increase variety at each eal. Why not add half an acorn squash d 1 cup of spinach salad to the menu r dinner? Or drink a 6-ounce glass of ange juice and sprinkle ½ cup strawrries over your cereal to get in two rvings of fruit for breakfast.

nuary 5 If you rush home *(continued)*

(continued) and immediately raid the refrigerator, have healthy snacks portioned out. Suggestions: baby carrots, snow peas and celery sticks with yogurt-based dips; apple and pear slices; melon wedges; grapes; pickles.

January 6 Nibbling while preparing dinner adds calories. (So does eating the leftovers from your children's plates!) Try one of our lean Temptation Tamers (right).

January 7 Instead of serving food "family style," dish up each plate before sitting down. You won't be as tempted to reach for seconds.

January 8 Pour a *measured* amount of dressing on your salad greens and toss just before serving. (See "Healthy Salad Dressings," page 150.)

January 9 If you're a chocoholic, purchase miniature Milky Way bars (38 calories each) or Hershey's Kisses (25 calories each).

○ Easy ● Challenging ▼ Low-fat
◒ Moderate ○ Microwave ▽ Low-calorie
❄ Can be frozen up to 1, 3, 6, or 9 months

SPICY TURKEY FAJITAS
Fastest Recipe of the Month

These supper sandwiches are filled with turkey and veggies—all wrapped up in low-fat flour tortillas. If poblano chiles aren't available or you want to cut down on the heat, substitute green bell peppers.

Prep time: 30 minutes ○ ▽ ▼
Cooking time: 18 minutes

Spice Rub
1 teaspoon cumin
1 teaspoon chili powder
½ teaspoon salt
¼ teaspoon garlic powder
¼ teaspoon cinnamon
⅛ teaspoon ground cloves

1 pound turkey cutlets, cut into thin strips
2 teaspoons olive oil, divided
2 medium poblano chiles, cut into thin strips
2 medium red peppers, cut into thin strips
¼ cup thinly sliced onion
2 tablespoons fresh lime juice
½ teaspoon salt
¼ teaspoon sugar
1 tablespoon chopped fresh cilantro
3 cups coarsely chopped romaine
8 (6- or 7-inch) low-fat flour tortillas
Prepared salsa, for garnish

1. *Make spice rub:* Combine all ingredients in medium bowl. Add turkey and toss to coat.
2. Heat 1 teaspoon oil in 12-inch nonstick skillet over high heat 2 minutes; add poblanos and peppers. Cook, stirring occasionally, 8 minutes until tender-crisp and browned on edges; transfer to bowl.
3. Heat remaining 1 teaspoon oil in skillet over high heat, 3 minutes. Add turkey; cook, stirring occasionally, until lightly browned and cooked through, 5 minutes. Transfer to another bowl.
4. Combine onion, lime juice, salt, sugar and cilantro in medium bowl; add romaine and toss well.
5. Warm tortillas according to package directions. Divide turkey, peppers and lettuce in center of each tortilla; roll up. Serve with salsa, if desired. Makes 4 servings.

PER SERVING		DAILY GOAL
Calories	330	2,000(F), 2,500(M)
Total fat	4.5 g	60 g or less (F), 70 g or less (M)
Saturated fat	1 g	20 g or less (F), 23 g or less (M)
Cholesterol	70 mg	300 mg or less
Sodium	979 mg	2,400 mg or less
Carbohydrates	46 g	250 g or more
Protein	34 g	55 g to 90 g
Calcium	172 mg	1,000 mg (F), 1,200 mg (M)

SALMON EN PAPILLOTE



"En papillote" is a classic French technique of baking food inside a paper package. In this delicate salmon dish, it's also a great trick for keeping dinner portions in check.

Prep time: 35 minutes ◒ ○ ▽ ▼
Baking time: 18 to 23 minutes

1 pound small red potatoes, thinly sliced
1¼ teaspoons salt
½ teaspoon freshly ground pepper
4 skinless salmon fillets (1¼ lbs. total)
1 large leek, white part only, thinly sliced
1 carrot, cut into 2-inch-long matchsticks
1 celery rib, peeled and cut into 2-inch-long matchsticks
1 red pepper, finely diced
2 tablespoons finely chopped fresh ginger
4 tablespoons white wine
12 sprigs fresh thyme or ½ teaspoon dried

1. Combine potatoes and 2 tablespoon water in medium microwaveproof dish cover with plastic wrap, turning back one section to vent. Microwave on Hi 5 minutes, just until cooked through.
2. Meanwhile, heat oven to 400°F. Combine salt and pepper in cup; sprinkle half the mixture on both side of salmon. Cut 4 sheets of parchmen paper or foil into 14x12-inch pieces. Fold each piece in half to form a 14x6-inch rectangle. From folded side, cut each rectangle into half a heart shape.
3. Open each heart and place one quarter of potatoes alongside the crease. Arrange salmon on top. Place one quarter of leek, carrot, celery, re pepper and ginger over each fillet. Sprinkle evenly with remaining salt-pepper mixture. Add 1 tablespoon w and 3 thyme sprigs over *(continu*

TEMPTATION TAMERS

Sweet and salty snacks sure are tempting when you're hungry, but now you can get the same satisfaction in a more healthful way. Just try any of the following (each 50 calories or less) to satisfy your next craving.

EAST-WEST CHICKEN BROTH
Microwave *1 cup fat-free reduced-sodium chicken broth, 1½ teaspoons soy sauce* and *a pinch ground red pepper* in microwaveproof cup on High 1½ minutes until hot.

SELTZER "COCKTAIL" WITH BITTERS AND ORANGE
Stir *¾ cup plain seltzer, ½ teaspoon Angostura bitters* and *1 orange slice, lightly squeezed*, in a tall glass filled with ice.

SPICY POPCORN
Combine *½ teaspoon sugar, ¼ teaspoon chili powder, ⅛ teaspoon* each *cinnamon* and *curry powder* in cup. Lightly coat *1½ cups hot popped Jolly Time Light Microwave popcorn* with *vegetable cooking spray* in medium bowl. Toss with half the spice mixture; repeat, lightly coating with spray and remaining spice.

STUFFED CELERY
Combine *1½ tablespoons low-fat ricotta cheese, 1 teaspoon minced green onion* and *pinch* each *salt* and *pepper* in cup. Divide and spread onto *2 large celery ribs*.

CINNAMON-SUGAR APPLE SLICES
Slice one quarter of a *tart apple*. Spread slices with *2 teaspoons light cream cheese*, then sprinkle with *¼ teaspoon cinnamon sugar*.

Campbell's

REDUCE [illegible]



Rich, creamy taste without all the rich, creamy guilt.

Campbell's® No Guilt Chicken Pot Pie

Prep Time: 10 min. Cook Time: 30 min.

1 can (10 3/4 oz.) Campbell's Condensed 98% Fat Free Cream of Chicken Soup

1 pkg. (about 1 cup) frozen mixed vegetables, thawed

1 cup cubed cooked chicken

1/2 cup milk

1 egg

1 cup Bisquick Reduced Fat Baking Mix

1. Preheat oven to 400°F. In [illegible] pie plate mix soup, vegetables and chicken.
2. Mix [illegible] and Baking Mix. Pour over chicken mixture. Bake 30 min. or until [illegible]

[illegible] g fat per serving.



Campbell's Makes Everything Yum! Mm! Better™

ampbellsoup.com
ampbell Soup Company

each fillet and vegetables. Fold paper over filling. Fold edges together to seal around the edge, forming a tight packet. Fold point of heart shape under to hold in place. Transfer to large cookie sheet. Bake 18 to 23 minutes until salmon is cooked through and potatoes are tender. Serve immediately. Makes 4 servings.

PER SERVING

	DAILY GOAL
	1,000 mg (F), 1,000 mg (M)

SCALLOPED POTATO GRATIN WITH HAM

Budget Recipe Of The Month



In this healthier version of a family favorite, lean Canadian bacon, sliced potatoes and leeks are baked in individual casseroles with chicken broth and just a sprinkling of freshly grated Parmesan cheese.

Prep time: 20 minutes ○ ▽ ▼
Baking time: 55 minutes

1 can (13¾ or 14½ oz.) fat-free, reduced-sodium chicken broth, divided
1½ cups sliced leeks
2 large baking potatoes (1¼ lbs.), scrubbed
½ teaspoon thyme
¼ teaspoon freshly ground pepper
[illegible]
8 ounces sliced Canadian bacon
2 tablespoons freshly grated Parmesan cheese
12 ounces cooked broccoli florets

1. Heat oven to 425°F. Bring ¼ cup broth and leeks to boil in *(continued)*

Common Nutrition Myths

HIGH-FAT FOODS ARE BAD FOODS THAT I MUST AVOID EATING. There are no "good" foods or "bad" foods—all foods in moderation can fit into a sensible eating plan. But some foods make smarter choices and should be eaten more frequently as part of a healthy overall diet.

2% MILK IS LOW-FAT. An 8-ounce serving of 2% milk contains 121 calories and 4.7 g of fat. A low-fat food by definition cannot have more than 3 g of fat per serving. As of this month, 2% milk must be labeled "reduced-fat." A better choice is 1% (low-fat) or skim (nonfat) milk, which respectively contain 102 calories and 2.6 g of fat and 86 calories and less than .5 g of fat per cup.

MARGARINE IS LOWER IN FAT AND CALORIES THAN BUTTER. Pat for pat, stick margarine and butter are equal in calories and fat. Since margarine is made from vegetable oil, it starts out lower in saturated fat and has no cholesterol. But during hydrogenation, the process used to make margarine firmer so it can be formed into sticks, trans-fatty acids are added.

PACKAGED FOODS LABELED *NONFAT* OR *REDUCED-FAT* ARE LOWER IN CALORIES THAN THE TRADITIONAL VERSIONS. When the fat is removed or reduced in processed foods, a low-fat replacer is used instead to preserve the texture or sugar is added to preserve the flavor—or both. While most of these fat-reduced products are also lower in calories, some frozen desserts, cookies and cakes made with fat replacers have so much sugar added they may actually be higher or equal in calories compared to their full-fat cousins. Read the nutrition label.

FRESH FRUITS AND VEGETABLES CONTAIN MORE NUTRIENTS THAN FROZEN OR CANNED. Many agree that the flavor and texture of fresh vegetables can't be beat, but frozen and canned produce can be equal or higher nutritionally. One reason is that frozen and canned produce is usually processed immediately after harvest, when nutrient content is at its peak. As fresh produce travels from the farm to the supermarket, nutrients are lost and continue to decline each day that produce sits in home refrigerators.

FISH IS ALWAYS LOWER IN FAT AND CALORIES THAN RED MEAT OR POULTRY. Some types of fish, such as flounder, cod and striped bass, are known as lean and have fat and calorie counts to prove it. But certain varieties of fattier fish, such as salmon, halibut and trout, can be higher in fat and calories than a comparable serving of beef round, pork tenderloin or skinless chicken breasts.

TO CUT BACK ON FAT, IT'S BETTER TO REMOVE THE SKIN FROM POULTRY BEFORE COOKING. You get the fat savings whether you remove the skin before or after cooking. From a taste standpoint, leaving the skin on during roasting will make your chicken or turkey juicier and more flavorful.

SNACKING MAKES YOU GAIN WEIGHT. To maintain your weight, the calories you take in must equal the calories you burn for energy. If you spread those calories over three small meals and three snacks, or if you divide them between a large lunch and decadent dinner, it's still your *total* daily calories that count. In fact, well-planned, healthful snacks can tame your hunger and keep you from overeating at meals, while helping you meet your nutrient needs for the day. Just stay away from those popular snack foods (chips, cookies, candy bars, etc.) that are high in calories and fat.

YOU CAN'T HAVE EGGS IF YOU'RE ON A DIET. Eggs are an excellent and inexpensive source of protein. They may be on the high side when it comes to cholesterol (about 215 mg in each), but they're relatively low in calories and fat. One large egg contains about 75 calories and 5 g of fat, only 1.6 g of which are saturated. (Recent research indicates that saturated fat has a greater impact on raising blood cholesterol levels than cholesterol itself.) The American Heart Association recommends 3 to 4 egg yolks per week for most healthy people; heart patients should consult their doctors about egg intake.

100% fat free all white turkey

big juicy smoked deli taste





They're the only franks made from all white meat turkey. Specially seasoned for a big, juicy, smoked deli taste. 100% Fat Free Smoked White Turkey Franks. The latest addition to Ball Park's great line of fat free hot dogs including 100% Fat Free Meat & Beef Franks.

ALL OF THE TASTE, NONE OF THE FAT.

ball park BRAND

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40¢ Off ball park

Any Package of Ball Park

medium saucepan. Reduce heat to medium-low; cover and cook 5 to 6 minutes until leeks soften.
2. Meanwhile, thinly slice potatoes. Combine thyme, pepper and salt in cup. Arrange alternate layers of potatoes, thyme mixture, bacon and leeks in four 8-ounce individual baking dishes or large nonstick skillet. Pour remaining broth evenly over vegetables. Cut four foil circles to fit top of baking dishes and cover vegetables (for skillet, bring mixture to boil over medium-high heat; cover skillet with foil). Transfer to jelly-roll pan and bake 30 minutes. Remove foil and bake 20 minutes; sprinkle with cheese and bake 5 minutes more until cheese browns. Serve with broccoli. Makes 4 servings.

[illegible]

ALMOND PANNA COTTA WITH BLUEBERRY SAUCE



Silky custards prepared with gelatin instead of eggs are chilled until firm, then unmolded onto a pool of luscious blueberry sauce.

Prep time: 10 minutes plus chilling
Cooking time: 5 minutes ○ ▽ ▼

[illegible]

1 envelope unflavored gelatin
[illegible]
[illegible]
[illegible]
[illegible]

Blueberry Sauce
2 cups frozen blueberries
[illegible] (page 146)

How Do I Cook It?

Anyone can boil a potato, but lots of us get flummoxed when it comes to cooking other vegetables. Here are five ways.



LEMON-BRAISED ARTICHOKES

Prep time: 10 minutes ○ ▽ ▼
Cooking time: 50 minutes

1. Cut stems from *4 medium artichokes* and, with scissors, trim tips of leaves. Arrange tightly, stems side down, in 3-quart saucepan.
2. Combine *1 can (13¾ or 14½ oz.) chicken broth, 1 clove garlic, crushed, 1 tablespoon grated lemon peel, ⅓ cup fresh lemon juice* and *1 cup water* in bowl; pour over artichokes. Cover and bring to a boil. Reduce heat to medium and cook 50 minutes, or until one leaf pulls out easily. Makes 4 servings.

Per serving: 60 calories, 1.5 g total fat, 0 g saturated fat, 0 mg cholesterol, 587 mg sodium, 11 g carbohydrates, 3 g protein, 40 mg calcium

ROASTED ROOT VEGETABLES

Prep time: 10 minutes ○
Roasting time: 45 to 50 minutes

1. Arrange rack in upper third of oven. Heat oven to 450°F.
2. Combine *4 cups carrots, turnips, parsnips or rutabaga, peeled and cut into 1-inch cubes, 1 large onion, cut into eighths, ¾ cup chicken broth, 1 garlic clove, crushed, 1 large bay leaf, ½ teaspoon salt* and *⅛ teaspoon pepper* in 13x9-inch baking dish. Roast 35 minutes until vegetables are almost tender. Stir in *1 tablespoon olive oil* and roast 10 to 15 minutes more until vegetables are tender and golden. Makes 4 servings.

Per serving: 120 calories, 4 g total fat, .5 g saturated fat, 0 mg cholesterol, 534 mg sodium, 19 g carbohydrates, 2 g protein, 64 mg calcium

SPICED ACORN SQUASH

Prep time: 5 minutes plus standing
Microwave time: 24 minutes ○ ○ ▼

Arrange *2 medium acorn squash, halved*, in microwaveproof dish. Add *¾ cup chicken broth, 1 cinnamon stick* and *2 whole cloves*. Cover with plastic wrap, turning back one corner to vent. Microwave on High 20 minutes, spooning liquid over squash after 10 minutes. Spoon liquid over tops again; cover and microwave 4 minutes more, until tender. Let stand 5 minutes. Uncover; spoon liquid over squash and dot with *1½ teaspoons butter*. Sprinkle with *salt* and *pepper*. Makes 4 servings.

Per serving: 125 calories, 2 g total fat, 1 g saturated fat, 4 mg cholesterol, 375 mg sodium, 27 g carbohydrates, 2 g protein, 91 mg calcium

COOKED GREENS

Prep time: 10 minutes ○ ▽
Cooking time: 18 to 33 minutes

Heat Dutch oven over medium-high heat. Add *1 pound kale or collard greens, trimmed and chopped, ¼ cup water, 2 teaspoons minced garlic* and *¼ teaspoon salt*. Cook, stirring, until greens wilt, 3 minutes. Reduce heat to medium; cover and cook 15 minutes for kale (30 minutes for collards, adding an additional ½ cup water if necessary), until greens are tender and water has just evaporated. Remove from heat; toss with *1 teaspoon extra-virgin olive oil*. Makes 4 servings.

Per serving: 45 calories, 1.5 g total fat, 0 g saturated fat, 0 mg cholesterol, 173 mg sodium, 7 g carbohydrates, 2 g protein, 97 mg calcium

BAKED SWEET POTATOES

Prep time: 5 minutes ○ ▼
Baking time: 45 minutes

1. Heat oven to 400°F. Combine *¼ cup orange juice* and *¼ teaspoon grated fresh ginger* in cup; set aside.
2. Prick *4 medium sweet potatoes* with fork; bake 45 minutes until tender. Split potatoes and sprinkle tops evenly with *salt* and *pepper*. Spoon orange juice mixture evenly over top of each. Makes 4 servings.

Per serving: 120 calories, .5 g total fat, 0 g saturated fat, 0 mg cholesterol, 167 mg sodium, 46 g carbohydrates, 3 g protein, 42 mg calcium

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40. [illegible]

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42. [illegible]

Continued from page 144

2 tablespoons sugar
½ teaspoon cornstarch
1 tablespoon orange juice
Pinch salt
½ teaspoon vanilla extract

Fresh lemon thyme, for garnish

1. *Make panna cotta*: Sprinkle gelatin over water in small saucepan; let stand 3 minutes to soften. Heat gelatin over medium heat, stirring, until dissolved. Stir in milk and sugar; heat just until milk is hot and sugar is dissolved. Add liqueur and pour mixture into six 6-ounce custard cups or disposable plastic cups. Cover and refrigerate overnight.
2. *Make blueberry sauce*: Combine all ingredients except vanilla in medium saucepan. Bring to a boil, stirring, and boil 2 to 3 minutes until thickened. Stir in vanilla; transfer to bowl, cover and refrigerate overnight.
3. Divide blueberry sauce among 6 stemmed cocktail glasses or dessert dishes. Run a small knife around edge of each panna cotta; unmold onto sauce. Garnish with lemon thyme, if desired. Makes 6 servings.

	2,000(F), 2,500(M)
	M
	M
	300 mg or less
	M

Week 2: Jazz It Up

Fats like olive oil and butter are natural flavor carriers, but there are leaner alternatives that can be very tasty. Try these to help trim fat and cut calories.

January 10 Fruit- or herb-flavored vinegars aren't just for salads. Use them in marinades, sprinkled over cooked vegetables or swirled in a sauté pan for a quick sauce.

January 11 Fresh herbs pack more flavor than dried. Look for packages of fresh rosemary, basil, dill, sage and others in your supermarket.

January 12 Dry rubs—mixtures of herbs and spices—go far to intensify flavor when rubbed into the surface of meats, fish, poultry and vegetables. Blend your own combos (crushed cumin seeds, red pepper flakes and oregano, for instance) and store in airtight containers on your spice shelf.

January 13 The grated peel and juice from all sorts of citrus fruits—limes, lemons, oranges, grapefruit and tangerines—can jazz up marinades, salad dressings and seafood dishes.

January 14 The wide assortment of fresh, dried and canned chile peppers now available are not limited to Tex-Mex dishes. Use them in Asian stir-fries, pasta sauces, barbecued meats or anywhere you'd like a little extra fire and spice.

January 15 Like fat, alcohol carries flavor in food. Use a small amount of wine, vodka or other spirit to add rich, fat-free flavor to sautés, stews, soups and sauces.

January 16 A touch of a very flavorful, high-fat ingredient is worth it. Just a pat of butter, a drizzle of extra-virgin olive oil or a tablespoon or two of freshly grated Parmigiano Reggiano cheese provides big flavor for a relatively small fat and calorie cost.

January 17 The concentrated taste of dried fruits and vegetables goes a long way to perk up low-fat cooking. Toss dried cranberries, diced apricots and other dried fruits into chicken or pork recipes; sun-dried tomatoes and dried mushrooms into pasta, rice, meat or vegetarian dishes.

PORK TENDERLOIN WITH WHITE BEANS AND SPINACH

Pork tenderloin is a great choice for weeknight meals because it's ready in less than thirty minutes. Here it's seasoned with thyme, rosemary and fennel seeds for maximum taste.

Prep time: 25 minutes ○ ▽ ▼
Roasting time: 20 to 25 minutes

Pork
1 pork tenderloin (1¼ to 1½ lbs.)
1 teaspoon extra-virgin olive oil
1 teaspoon salt
1 teaspoon rosemary
½ teaspoon thyme
½ teaspoon fennel seeds
½ teaspoon freshly ground pepper

White Beans
1 teaspoon extra-virgin olive oil
1 tablespoon chopped garlic
1 can (28 oz.) plum tomatoes in juice, chopped
½ teaspoon rosemary
2 cans (15 oz. each) cannellini beans, drained and rinsed
½ teaspoon salt
¼ teaspoon freshly ground pepper

3 bunches (2½ lbs.) or 3 bags (10 oz. each) fresh spinach, trimmed
¼ teaspoon salt
Fresh rosemary sprigs, for garnish

1. *Make pork*: Heat oven to 450°F. Brush all sides of pork with oil. Place in center of a jelly-roll pan. Combine salt, rosemary, thyme, fennel seeds and pepper in cup. Rub mixture over all sides of pork. Roast pork 10 minutes; turn and roast 10 to 15 minutes more until meat thermometer inserted in center of tenderloin reaches 155°F. Transfer pork to cutting board; cover loosely with foil and let stand 5 minutes.
2. *Make white beans*: Meanwhile, heat oil in medium saucepan over medium heat. Add garlic and cook 1 minute. Add tomatoes and rosemary; bring to boil. Reduce heat to medium-low; stir in beans, salt and pepper and simmer 15 to 20 minutes, until mixture thickens slightly.
3. Heat 12-inch skillet over high heat. Add spinach, 2 tablespoons water and salt; cook, stirring, until spinach wilts, 3 to 5 minutes.
4. Slice pork and divide slices among 6 serving plates. Divide and spoon beans and spinach on each plate. Garnish with rosemary sprigs. Makes 6 servings.

PER SERVING		DAILY GOAL
Calories	515	2,000(F), 2,500(M)
Total fat	7 g	60 g or less (F), 70 g or less (M)
Saturated fat	1.5 g	20 g or less (F); 23 g or less (M)
Cholesterol	68 mg	300 mg or less
Sodium	1,241 mg	2,400 mg or less
Carbohydrates	30 g	250 g or more
Protein	56 g	55 g to 90 g
Calcium	283 mg	1,000 mg (F); 1,000 mg (M)

LEMON GINGER TART
Test Kitchen Favorite



This elegant dessert with lemon curd filling, gingersnap cookie crust and melt-in-your mouth lattice topping will remind you of lemon meringue pie.

Prep time: 30 minutes plus standing
Baking time: 12 minutes ◒ ▽

Gingersnap Crust
12 gingersnap cookies
1 tablespoon sugar, divided
2 tablespoons butter, melted (no substitutions)

(continue

(Hōme • māde • ēasy)*



HIDDEN VALLEY® SEAFOOD DIP

1. Mix 1 oz. packet Original Ranch with 1 pint sour cream
2. Add ¾ cup of desired (clams, crabmeat or
3. Stir in ½ cup chopped and/or 2 tablespoons

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1-2-3.

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3 large eggs
2 large egg whites
1 tablespoon cornstarch dissolved in 1 tablespoon water
1 tablespoon grated lemon peel

2 large egg whites
2 tablespoons sugar

1. Heat oven to 350 F.
2. *Make gingersnap crust*: Pulse gingersnaps and sugar in food processor until finely ground. Add butter and pulse to combine. With fingertips, press crumbs evenly over bottom of 9-inch tart pan with removable bottom. Bake 12 minutes until firm; cool on wire rack.
3. *Make lemon filling*: Meanwhile, combine sugar, lemon juice, eggs, egg whites and cornstarch-and-water mixture in medium saucepan. Cook over medium-low heat, whisking constantly, until mixture thickens, 8 minutes. Whisk in peel. Spread into crust. Heat broiler.
4. *Make meringue*: Beat whites in large mixer bowl on medium speed until foamy. Add sugar; increase speed to medium-high and beat to stiff peaks.
5. Transfer meringue to large pastry bag fitted with ½-inch star tip. Pipe meringue over filling in lattice pattern; pipe a border around edge of tart. Broil tart 4 inches from heat 1 minute until meringue is golden brown. Serve tart within 1 hour for easier slicing. Makes 8 servings.

PER SERVING		DAILY GOAL
Calcium	20 mg	1,000 mg (F), 1,000 mg (M)

POLENTA WITH BEEF RAGOUT
(see page 136)

Week 3: Stock The Pantry

Fill your cupboards and fridge with nutritious ingredients, so you'll always have the makings for healthful meals right at your fingertips. Scan the week ahead and draw up a shopping list.

January 18 At the meat counter, look for beef cuts with "loin" or "round" in the name. While all beef is bred leaner today, these are usually lowest in fat.

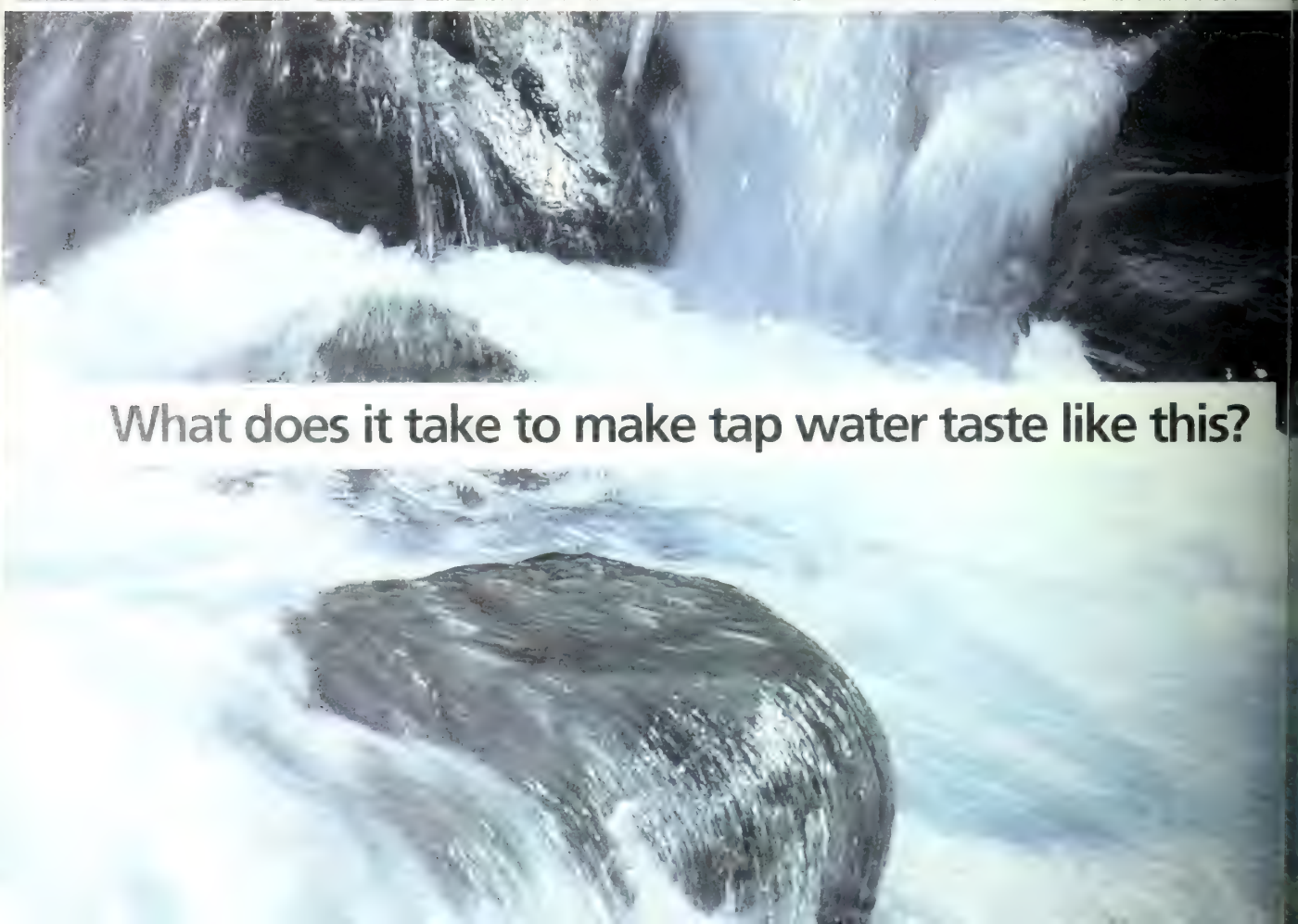
January 19 Beans are loaded with fiber and let you feel full without piling on the calories. It's fun to have an assortment of different kinds in your pantry—they vary in shape, size, color and flavor, but all have similar nutrients and can be used interchangeably.

January 20 Supermarkets now offer a variety of packaged whole grains. Some fiber-rich ones to try: whole wheat couscous, barley, brown rice and bulgur (cracked wheat).

January 21 To cut calories and fat in home-baked treats, keep a jar of applesauce, a fruit-based fat replacer like Sunsweet Lighter Bake or Solo Lekvar Prune Plum Filling in your pantry. These can stand in for all or part of the butter, margarine or oil in a recipe. Also have light cream cheese and low-fat yogurt on hand to use as stand-ins for their higher-fat cousins.

January 22 Fat-free condiments add zip to any dish. Supermarket shelves offer a variety of chutneys, salsas, mustards and other goodies that can instantly jazz up grilled chicken, meat or fish.

January 23 Think hot! Jars and bottles of hot sauces, barbecue



sauces, spice blends, horseradish and other fiery ingredients add pizzazz but not many calories.

January 24 Tomorrow is Superbowl Sunday! Baked tortilla and potato chips, pretzels and plain air-popped popcorn are the top choices for low-fat crunchy snacks to munch on while watching the big game.

CHICKEN AND BLACK BEAN STEW

The whole family will love this chunky stew with chicken and turkey sausage. A touch of fiery chipotle in adobo (smoked jalapeño chiles canned in tomato sauce) gives the dish just the right amount of heat.

Prep time: 20 minutes plus standing
Cooking time: 1½ to 2 hours ○ ▽ ▼

2 cups dry black beans, rinsed
1 medium boneless, skinless chicken thighs, trimmed and cut into ½-inch chunks
¼ teaspoon salt, divided
2 links Italian turkey sausage, cut in half
1½ cups chopped onions
1 medium green pepper, chopped
2 tablespoons chopped garlic
1 teaspoon cumin
broth
*adobo**



1. Soak beans according to package directions. Drain.
2. Sprinkle chicken with ¼ teaspoon salt. Heat large Dutch oven over medium-high heat 1 minute. Add chicken and sausage and cook 7 to 8 minutes, turning occasionally, until brown. Transfer to bowl; cover and refrigerate.
3. Reduce heat to medium. Add onions, pepper and garlic to Dutch oven and cook 4 minutes until vegetables are tender. Stir in cumin; cook 1 minute. Stir in broth, bay leaf and beans; bring to boil. Reduce heat; simmer, covered, 50 to 55 minutes. Stir in chicken, sausage, tomatoes, chipotle and remaining ½ teaspoon salt; cook 30 to 60 minutes more until beans are tender. Ladle stew into 4 serving bowls. Top with cilantro and serve with yogurt. Makes 6 servings.

LAMB AND BARLEY STEW

Here's a hearty stew with tender chunks of lamb, meaty portobello mushrooms, pearl onions, *(continued)*

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Prep time: 30 minutes ○▽
Cooking time: 65 minutes

1 teaspoon salt, divided
½ teaspoon freshly ground pepper, divided
1 pound boneless leg of lamb, trimmed and cut into ½-inch cubes
2 teaspoons vegetable oil
2 portobello mushroom caps (7 oz.), diced
1 tablespoon minced garlic
¼ cup red wine
1 can (13¾ or 14½ oz.) beef broth plus enough water to equal 4 cups
1 cup pearl barley
1 carrot, finely diced
¼ teaspoon thyme
1 bay leaf
1 container (10 oz.) fresh pearl onions, peeled
1 bunch Swiss chard, stems trimmed and leaves finely chopped (3 cups)

1. Combine ½ teaspoon salt and ¼ teaspoon pepper in cup. Sprinkle over lamb. Heat oil over medium-high heat in large Dutch oven 1 minute. Add half of lamb cubes and cook 4 to 5 minutes, until browned on all sides. Transfer with slotted spoon to bowl. Repeat process with remaining lamb.
2. Add mushrooms, garlic and water to Dutch oven; bring to a boil and cook, scraping up browned bits, 2 to 3 minutes. Stir in wine and cook until liquid is reduced by half. Add lamb, broth mixture, barley, carrot, remaining 1 teaspoon salt and ¼ teaspoon pepper, thyme and bay leaf. Cover and bring to boil; reduce heat to low. Simmer 1 hour, until barley is tender.
3. Meanwhile, bring 1½ quarts water to boil in medium saucepan. Add onions and cook 4 to 5 minutes, until tender; drain.
4. Remove bay leaf from stew and discard; stir in Swiss chard and onions. Cook 5 minutes until chard wilts.

Makes 6 servings

DAILY GOAL

(continued)

Healthy Salad Dressings



Per 2 tablespoons: 45 calories, 3.5 g total fat, .5 g saturated fat, 0 mg cholesterol, 138 mg sodium, 3 g carbohydrates, 0 g protein, 2 mg calcium

PINK PEAR DRESSING

Total prep time: 10 minutes ○▼

Puree *1 ripe pear, peeled, cored and cubed, 2 tablespoons* each *cranberry juice cocktail* and *raspberry wine vinegar, 1 teaspoon honey, ¾ teaspoon salt, ¼ teaspoon minced fresh thyme, ¼ teaspoon minced garlic* and *⅛ teaspoon white pepper* in blender on high speed until smooth. Makes 1 cup.

Per 2 tablespoons: 20 calories, 0 g total fat, 0 g saturated fat, 0 mg cholesterol, 206 mg sodium, 5 g carbohydrates, 0 g protein, 4 mg calcium

Think a salad with your favorite dressing makes for healthy eating? Not if your dressing is loaded with fat and calories. In fact, salad dressing is the highest source of fat in the average woman's diet. Choose any of these five delicious dressings to beat the fat trap! (All dressings can be made ahead. Refrigerate in airtight container up to 3 days.)

CURRIED APPLE DRESSING

Total prep time: 15 minutes ○

Combine *⅔ cup applesauce, ¼ cup apple juice, 2 tablespoons rice wine vinegar, 1 teaspoon minced shallot, ½ teaspoon salt, ¼ teaspoon sugar* and *⅛ teaspoon curry powder* in blender. With blender on, add *1 tablespoon olive oil* through feed tube, until blended. Makes 1 cup.

Per 2 tablespoons: 35 calories, 1.5 g total fat, 0 g saturated fat, 0 mg cholesterol, 138 mg sodium, 5 g carbohydrates, 0 g protein, 3 mg calcium

GINGERED MANGO DRESSING

Total prep time: 10 minutes ○

Combine *¾ cup mango juice, 3 tablespoons rice wine vinegar, 1 teaspoon minced shallot, ½ teaspoon fresh grated ginger, ½ teaspoon salt, ¼ teaspoon sugar* and *⅛ teaspoon freshly ground pepper* in blender. With blender on, add *2 tablespoons olive oil* through feed tube; blend until mixed. Transfer to small bowl; stir in *1 teaspoon minced fresh cilantro leaves*. Makes 1 cup.

COOL CUCUMBER-LIME DRESSING

Total prep time: 20 minutes ○

Combine *⅔ cup low-fat plain yogurt, ⅓ cup peeled, seeded and chopped cucumber, 2 tablespoons sliced green onion, 2 tablespoons low-fat 1% milk, 1 tablespoon fresh lime juice, 1 tablespoon light mayonnaise, ¾ teaspoon salt, ¼ teaspoon minced garlic* and *pinch of sugar* in bowl. Makes 1 cup.

Per 2 tablespoons: 20 calories, 1 g total fat, .5 g saturated fat, 2 mg cholesterol, 236 mg sodium, 2 g carbohydrates, 1 g protein, 43 mg calcium

ORANGE-BASIL DRESSING

Total prep time: 10 minutes ○

1. Combine *6 fresh basil leaves* with boiling water to cover in heatproof cup; let stand 30 seconds. Drain basil and finely chop. Set aside. (Or, chop *6 fresh flat leaf parsley leaves* with *½ teaspoon dried basil.*)
2. Combine *¾ cup orange juice, 2 tablespoons fresh lime juice, 1 tablespoon* each *white wine vinegar* and *light corn syrup, ¾ teaspoon salt* and *⅛ teaspoon freshly ground pepper* in blender. With blender on, add *2 tablespoons extra-virgin olive oil* through feed tube; blend until mixed. Transfer to small bowl; stir in basil and *1 teaspoon minced onion*. Makes 1 cup.

Per 2 tablespoons: 50 calories, 3.5 g total fat, .5 g saturated fat, 0 mg cholesterol, 209 mg sodium, 5 g carbohydrates, 0 g protein, 5 mg calcium



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MINI CHEESECAKES WITH PEAR COMPOTE



These little lemon cheesecakes everyone will adore are topped with a compote of canned pears and dried cranberries.

Prep time: 20 minutes plus standing
Cooking time: 30 to 35 minutes

Mini Cheesecakes
- *1 cup low-fat plain yogurt*
- *4 ounces reduced-fat cream cheese (Neufchâtel), softened*
- *½ cup sugar*
- *1 large egg*
- *1 large egg white*
- *1 tablespoon flour*
- *1 teaspoon grated lemon peel*
- *1 teaspoon fresh lemon juice*

Pear Compote
- *1 can (15¼ oz.) pear halves in heavy syrup*
- *½ cup dried cranberries*

Lemon zest, for garnish

1. *Make mini cheesecakes*: Drain yogurt in fine strainer set over a bowl, 30 minutes.
2. Heat oven to 350°F. Lightly coat six 2-ounce ovenproof cups with vegetable cooking spray. Set aside.
3. Process cream cheese and sugar in food processor until smooth. Add egg, egg white, flour, lemon peel and lemon juice; pulse until combined. Transfer to medium bowl and stir in yogurt. Pour evenly into prepared cups.
4. Place cups in roasting pan; add enough hot water to come 1 inch up sides of cups. Bake 30 to 35 minutes until just set. Turn oven off and let cheesecakes stand in oven 30 minutes. (Do not open oven door.) Transfer cups from water bath to wire rack; cool 15 minutes. Refrigerate 1 hour until cold. *(Can be made ahead. Cover and refrigerate overnight.)* Top each cheesecake with 2 tablespoons pear compote; garnish with peel. (Reserve remaining compote for another use.) Makes 6 servings.

Pear compote: Strain liquid from pears into small saucepan; set pears aside. Add cranberries to pear liquid and bring to boil over medium heat. Reduce heat to medium-low; cook 5 to 8 minutes, until cranberries just soften. Transfer to medium bowl; cool. Dice pears and stir into cranberry mixture. Makes 1½ cups.

PER SERVING WITH 1 T. COMPOTE

		DAILY GOAL
Calories	220	[illegible] M
Fat	6 g	[illegible] M
Saturated fat	3.5 g	2.5 g or less M
Cholesterol	55 mg	300 mg or less
Sodium	150 mg	2,400 mg or less
Carbohydrates	34 g	250 g or more
Protein	6 g	[illegible]
Calcium	91 mg	[illegible] M

THAI NOODLES WITH TOFU AND VEGETABLES *(see page 136)*

CHEWY CHOCOLATE-CHIP BARS *(see page 136)*

Week 4: Hone Your Technique

Experiment in the kitchen! These enlightening culinary tricks will help you trim the fat and calories and pump up the nutrition in your favorite recipes.

January 25 (Superbowl Sunday) Chips-and-dips time! You already have the chips (if you stocked up yesterday). Here's a dip idea: Toast chili powder in a small skillet to release its flavor, then stir into reduced-fat sour cream or plain yogurt instead of full-fat sour cream and mayonnaise.

January 26 When sautéing meat, poultry or vegetables, substitute ¼ cup broth for every tablespoon of oil or butter you'd usually use; you'll get the flavor with less fat.

January 27 Most nonstick skillets require only a light coating of vegetable cooking spray. Try one of the newer seasoned or olive oil sprays to incorporate more flavor into stir-fries, sautéed dishes, omelets and burgers.

January 28 Steaming and microwaving are speedy and healthful ways to cook vegetables and fish. As a bonus, veggies cooked in the microwave retain more nutrients than those cooked by other methods. Throw spices and herbs in to impart subtle flavor.

January 29 Roasting deepens the natural flavor of many foods, not just meat and poultry. You can roast vegetables (see "How Do I Cook It?" page 144) to maximize their taste and nutritive value.

January 30 No need to add oil to the pasta cooking pot. To prevent sticking, toss hot pasta immediately with a little of its cooking water instead, then add the low-fat sauce of your choice.

January 31 Cut back on nuts in recipes (use half the amount called for) to save on fat, but bake the nuts you use in a 350°F. oven 8 to 10 minutes until toasted and fragrant to maximize their flavor. *—Michele Peters and Pat Cob*

PAN-GRILLED CHICKEN WITH ONION-JICAMA RELISH

You'll get great smoky flavor using a grill pan. You won't need to oil it to cook the chicken—just heat the pan until almost smoking first to prevent sticking.

Prep time: 35 minutes
Cooking time: 12 to 16 minutes

1 teaspoon salt
¾ to 1 teaspoon ground red pepper
½ teaspoon cumin
½ teaspoon dried mint
Pinch cloves



4 (4 oz. each) boneless, skinless chicken breast halves
2 tablespoons fresh lime juice
1 tablespoon extra-virgin olive oil

Onion-Jicama Relish
2 cups diced onions
2 cups peeled, diced jicama
¼ cup cider vinegar
2 tablespoons sugar
2 teaspoons chopped jalapeño chile
¼ teaspoon salt

Grilled pita bread

dish; add lime juice and oil. Cover and refrigerate 30 minutes.

Meanwhile, combine all ingredients in bowl. Set aside.
3. Heat large grill pan over medium-high heat 3 minutes. Add chicken and grill 6 to 8 minutes per side until cooked through. Serve with Onion-Jicama Relish and pitas. Makes 4 servings.

CLAM AND SHRIMP RISOTTO

In making risotto, liquid is added gradually to the grains until absorbed, producing a creamy consistency without any added butter or cream.

Prep time: 45 minutes
Cooking time: 20 to 25 minutes

1 cup chicken broth
1 can (14½ oz.) diced tomatoes in juice
1 bulb (1 lb.) fennel (anise), chopped, or 2 cups chopped celery and ½ teaspoon anise seed, crushed
1 large onion (12 oz.), chopped
1 teaspoon butter or margarine
¼ teaspoon crushed red pepper
¾ pound medium shrimp, shelled and deveined
1 tablespoon chopped garlic
1 cup arborio or long-grain rice
2 tablespoons chopped fresh flat leaf parsley

1. Arrange clams in large Dutch oven. Cover and cook over medium-high heat 8 to 13 minutes, until clams open. (Clams will release broth while cooking.) Transfer clams with slotted spoon to large bowl; set aside. Discard any unopened clams. Strain broth from clams into 1-quart glass measure; add chicken broth and enough water to equal 4 cups. Transfer to medium saucepan; set aside.
2. When cool enough to handle, remove clams from shells. Chop clams and return to large bowl; discard shells. *(continued)*

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PER SERVING		DAILY GOAL
Calories	275	2,000(F), 2,500(M)
Total fat	2.5 g	[illegible]
Saturated fat	[illegible]	20 g or less (F); 23 g or less (M)
Cholesterol	[illegible]	300 mg or less
Sodium	540 mg	2,400 mg or less
Carbohydrates	50 g	25[illegible] g or more
Protein	20 g	55 g to 90 g
Calcium	117 mg	[illegible] mg (F); [illegible] mg (M)

CHOCOLATE-RASPBERRY TORTE

You won't miss the butter in this sinfully delicious soufflé-style chocolate cake. The stiffly beaten egg whites give the cake its ultralight texture.

Prep time: 35 minutes
Baking time: 40 minutes

½ cup plus 2 teaspoons unsweetened cocoa, divided
1 cup all-purpose flour
½ teaspoon baking powder
½ teaspoon baking soda
¼ teaspoon salt
1¼ cups granulated sugar, divided
1 cup 1% low-fat milk
1 ounce unsweetened chocolate, melted
1½ teaspoons vanilla extract
4 large egg whites, at room temperature
¼ cup seedless raspberry jam

1 pint fresh raspberries and fresh mint leaves, for garnish
1 tablespoon confectioners' sugar

1. Heat oven to 350°F. Lightly coat a 9-inch round cake pan with vegetable cooking spray. Coat bottom and sides

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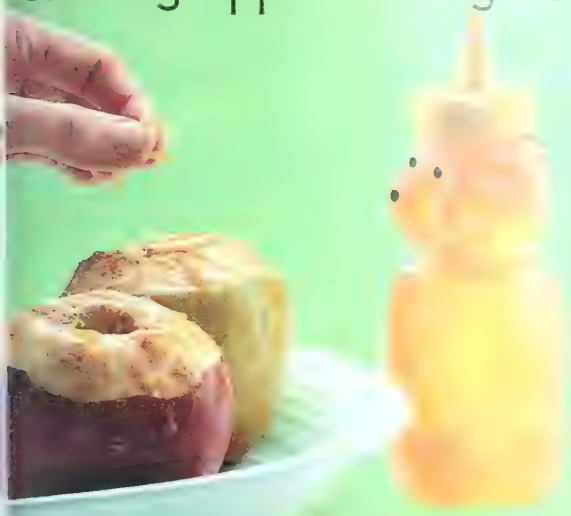
Continued



3. Bring tomatoes and juice, fennel and onion to boil in Dutch oven. Cover and cook over medium heat 7 to 9 minutes, until vegetables are tender; transfer to bowl with clams. Increase heat to medium-high; add butter and crushed red pepper; cook 1 minute. Add shrimp in single layer; cook, turning once, 2 minutes, until just opaque. Add garlic; cook 1 minute more. Transfer to bowl with vegetables. Add wine, rice and thyme to pot; cook just until liquid is absorbed. Stir in 1 cup broth mixture; cook, stirring, until liquid is just absorbed. Add remaining broth mixture, ½ cup at a time, stirring, until liquid is absorbed each time, about 20 to 25 minutes more. Stir in shrimp, clams and vegetables and parsley and heat through. Serve immediately. Makes 4 servings.



turning apples into gold



Core some cooking apples. Drizzle with lots of honey and sprinkle with orange peel and cinnamon. Microwave on high for 2–2.5 minutes per apple. Cool for 2 minutes. (For more easy ideas, visit our web site at www.nhb.org)

simple. fast. honeyummy. Honey ©NHB

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vith 2 teaspoons cocoa. Sift flour, baking powder, baking oda and salt into large bowl. Whisk in 1 cup granulated ugar; set both aside.

2. Combine milk and remaining ½ cup cocoa in small aucepan. Whisk over medium heat 5 minutes until nixture thickens. Remove from heat and whisk in melted hocolate and vanilla until smooth. Whisk cocoa mixture nto dry ingredients until blended.

3. Beat whites in large mixer bowl on medium speed until oamy. Gradually beat in remaining ¼ cup granulated ugar. Gradually increase speed to medium-high and beat o stiff peaks. Gently fold one third of whites into chocolate nixture with rubber spatula, then fold in remaining whites ntil smooth. Pour batter into prepared pan. Bake 40 ninutes, until toothpick inserted in center of cake comes ut clean. Cool on wire rack 15 minutes. Invert cake and nmold; invert again onto wire rack and cool completely.

4. Split cake into two layers. Remove top layer; place ottom layer on serving plate. Spread jam over bottom ayer; place top layer over jam, cut side down. Garnish vith raspberries and mint, if desired. Sift with onfectioners' sugar over top. Makes 12 servings.

ER SERVING		DAILY GOAL
alories	188	2,000(F), 2,500(M
otal fat	2 g	
aturated fat	1 g	
holesterol	1 mg	
odium	159 mg	
arbohydrates	41 g	250 g or more
rotein	4 g	
alcium	51 mg	

Recipes by Michele Peters, Jane Yagoda Goodman and Cynthia DePersio

take your honey to tea



[illegible] here's a way to keep you warm. Add some spices – let's say cinnamon and cloves – and lemon to your tea. Then drizzle in some honey. (For more easy ideas, visit our web site at www.nhb.org)

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Dinner On The Double

CHICKEN WITH SPANISH RICE

Spanish rice pilaf and green chile–spiked tomatoes add plenty of flavor to this dish.

Prep time: 5 minutes
Cooking time: 20 minutes

1 box (6.75 oz.) Spanish Rice Pilaf Mix
1 can (15 or 19 oz.) black beans, drained and rinsed
4 boneless, skinless chicken breast halves (1½ lbs.)
¼ teaspoon freshly ground pepper
Pinch salt
2 teaspoons olive oil
1 can (10 oz.) diced tomatoes with green chiles
¼ cup sour cream

1. Make pilaf according to package directions; stir in beans. Cover; set aside.

2. Meanwhile, sprinkle both sides of chicken with pepper and salt. Heat oil in large nonstick skillet over medium-high heat; add chicken and cook 5 minutes. Turn chicken, reduce heat and cook 6 to 7 minutes more, until cooked through. Transfer to platter; cover and keep warm.
3. Add diced tomatoes and chiles to skillet; cook 3 to 4 minutes until slightly thickened.
4. Divide pilaf and beans among 4 plates; top each with chicken. Divide tomato mixture and sour cream over chicken. Makes 4 servings.

PER SERVING		DAILY GOAL
Calories	550	2,000(F), 2,500(M)
Total fat	24.5 g	60 g or less (F), 70 g or less (M)
Saturated fat	4 g	20 g or less (F), 23 g or less (M)
Cholesterol	165 mg	300 mg or less
Sodium	1,855 mg	2,400 mg or less
Carbohydrates	55 g	250 g or more
Protein	51 g	55 g to 90 g
Calcium	144 mg	1,000 mg (F), 1,000 mg (M)

You Asked For It

Dear LHJ,
The best meatloaf I've ever tasted was at Chez Melange restaurant in Redondo Beach, California. Would you please get this recipe?
—Carmen Curti
Gardena, California

Hot Stuff!

Not your traditional meatloaf, this one gets a new twist from a savory blend of cumin, peppers, nutmeg and bay leaves. Cream adds a subtle richness to the mix. All in all, minimal effort with maximum taste. For the complete Cajun effect, serve with rice and cooked greens.

CAJUN MEATLOAF

1. Melt *2 tablespoons butter* in medium skillet over medium heat. Add *2 finely chopped green onions, 1 cup finely chopped onions, ½ cup finely chopped green pepper, ⅓ cup finely chopped celery* and *1 tablespoon minced garlic*; cook until softened. Stir in *1½ teaspoons salt, 1 teaspoon cumin, ½ teaspoon freshly ground pepper, ¼ teaspoon ground red pepper, ⅛ teaspoon nutmeg* and *2 bay leaves* and cook 1 minute. Stir in *½ cup ketchup* and *½ cup half-and-half* and simmer 2 minutes. Cool. Remove bay leaves.

2. Heat oven to 350° F. Combine *1 pound* each *ground beef* and *ground pork, 2 large eggs, lightly beaten, 2 teaspoons Worcestershire sauce* and *1½ teaspoons red pepper sauce* in large bowl. Stir vegetable mixture into meat mixture until well blended.



3. Spoon mixture evenly into 9x5-inch loaf pan. Bake 70 minutes until meat thermometer inserted in center registers 160°F. Cool in pan on wire rack 5 minutes. Drain and unmold onto serving platter. Makes 6 servings.

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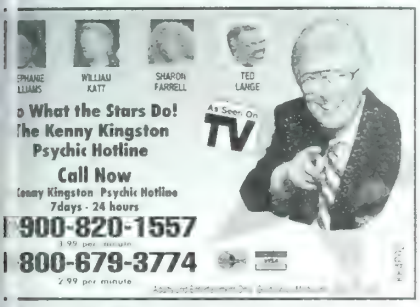
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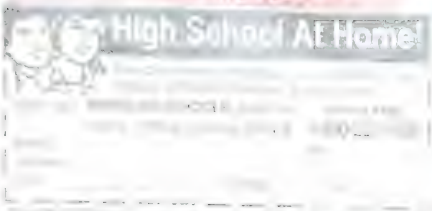
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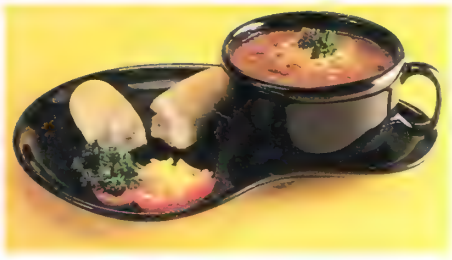
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All-Time Readers' Favorites



These Soup 'N Snack Ceramics are ideal for entertaining. The kidney-shaped 10½x9½" tray is perfect for a salad or sandwich. The 5" wide by 3½" deep mug holds over 10 ounces and fits snugly into a groove on the tray. This heavyweight stoneware is microwaveable, ovenproof and dishwasher safe. Choose from three colors: Cobalt Blue (pictured), White or Hunter Green. Two Soup 'N Snacks sell for $29.95 (new lower price).



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LHJ Book Bag



Tony Kornheiser's new book, Bald As I Wanna Be, is a witty collection of the author's funniest and most moving pieces of the 1990s, about politics, relationships, celebrities, children, and maturity. Available by arrangement with Random House, this 269-page hardcover sells for $26.



For more ideas on creating your personal hideaway, Chris Casson Madden's new book A Room Of Her Own shows thirty-five special places that various women have created as retreats from their busy routines—and offers a wealth of decorating ideas for turning a room of one's own into a reality. The book features two hundred stunning full-color photographs and an intimate, engaging text. Available by arrangement with Random House, this 224-page hardcover sells for $36.

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Continued from page 88

vessels that pass through the area you increase the circulation."

MYTH: **You can't get fit by doing yo**

Actually, yoga is rare among exer routines in that it works almost y entire body and builds both stren and flexibility. Molly Fox, crea fitness director at Equinox Fitn Clubs, in New York City, has s people turn from nonbelievers to natics in just a few sessions.

"Yoga is amazing because it c stantly challenges your body," says. "It builds strength, endura and flexibility, and it increases y breath capacity." Moreover, yoga be done every day and at every Fox says yoga also helps with str reduction, which can help red high blood pressure and prot against heart disease.

MYTH: **Only aerobics burns fat.**

Aerobic exercise is an efficient wa reduce body fat, but not the o way. The body has several source energy: blood glucose, glyco stored in muscles, and body fat. T myth got started because you body fat for fuel when you do an obic workout. At the start of aer exercise, your muscles are powe mostly from stored glycogen. For first twenty minutes, exercise is fu half by glycogen and half by body As the glycogen stores run out, body taps the fat supply more.

That said, exercises that burn for energy are not the only way to slimmer. If you eat more calories t you burn, you store them as fat. if you burn more calories than eat, you lose weight, so it's the ance of food and exercise that m ters. Keep in mind that if you g the gym and do the weight circ you burn about 480 calories hour. Add to that the increase metabolism you get from adc muscle, and you get a leaner body

Susan Swimmer is a freelance health and fitness writer who now knows ho to exercise right.

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Resolutions for Mars and Venus

Why do men make New Year's promises they know they can't keep? By Tony Kornheiser

Of the many differences between men and women when it comes to New Year's resolutions, the most striking is: Men don't mean a single word of them.

Consider the issue of family finance. A woman will resolve, "I'm going to keep a stricter budget this year." A man will resolve, "I'm going to earn a billion dollars this year."

Or, say a couple feels something is lacking in their lives.

The woman: "I resolve to attend church regularly."

The man: "I resolve to become pope . . . by Friday."

Notice a pattern here? Women try to be honest with themselves. This is because women view life as a novel, something Proustian maybe, with shadings and subtleties, elaborate character development, leading to a denouement based on spiritual growth.

Men see life as a daily series of three-panel cartoons: Situation. Resolution. Exit line. Thanks, you've been a great audience, see ya tomorrow. This makes for short attention spans, shocking inattention to detail and unrealistic goal setting.

Woman: "I resolve to be kinder to my children."

Man: "I resolve to build my children a three-story tree house with flush toilets . . . by Friday."

Great idea! Note, however, the steps this resolution takes in real—not cartoon—life:

a. The man buys wood.

b. He goes to store the wood in the garage.

c. The garage door is blocked by the tiles he bought for the swimming pool he was going to build last year. And now his back hurts from schlepping all this wood.

d. He gives the kids money and tells them to go to the mall.

Women make smaller, more realized resolutions. They actually write them down and try desperately to adhere to them—at least through the middle of January. Invariably, women make resolutions about their weight—even women who look like they could use a vacuum hose as a sleeping bag. My friend Nancy makes the same resolution every year: "To lose a few pounds so I can get into a bathing suit." Not to look like Ellen Barkin. To lose *a few pounds.*

Here's the man's take: "I resolve to exercise two hours a day for the rest of my life to look like Steven Seagal."

There are two reasons a man would make this resolution:

1. To bag some babe.

2. See Reason No. 1.

Of course it's thoroughly preposterous, since no man alive has any notion of time beyond next Tuesday and may as well commit to eating a weasel in Macy's window as to doing anything two hours a day *for the rest of his life.*

But, apropos of that resolution, I'd like to share with you, verbatim, a conversation I just made up:

Sonny: You really think you can look like Steven Seagal just by exercising? You couldn't look like Steven Seagal with plastic surgery and a hair weave.

Tom: I'm joining a health club.

Sonny: Do you have any idea how silly you'd feel in a health club, with all those young kids who look like Calvin Klein ads? They'll take one look at you and start laughing. You're a schlub, Tommy—you got back hair. You walk in the door, and they'll start dialing 911.

Tom: Maybe I could start jogging.

Sonny: You'll drop dead on the path, and they'll haul you away like roadkill.

Tom: I've gotta do something healthy.

Sonny: Start dating a nurse.

Personally, I don't make New Year's resolutions anymore. I can't afford the lumber. ●



Nationally syndicated columnist Tony Kornheiser's most recent book is "Bald As I Wanna Be" (Villard, 1997).

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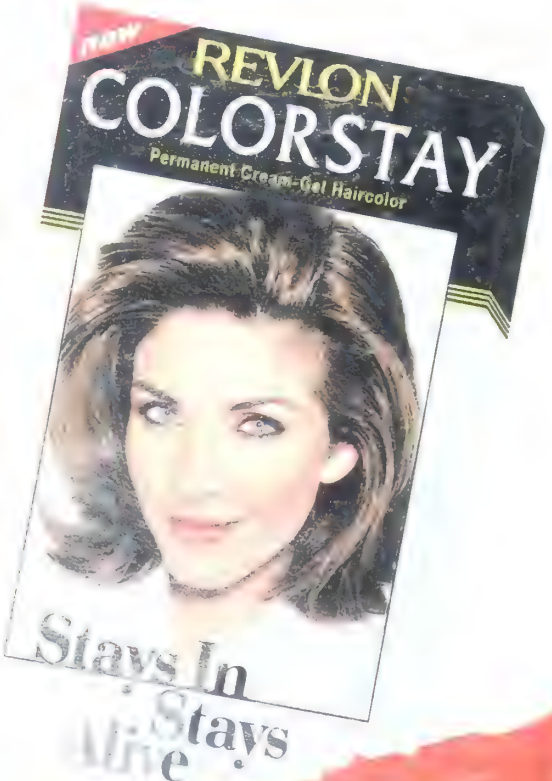
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LADIES' HOME JOURNAL online


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NIGHT FOR YOUNGER LOOKING SKIN

Happy Anniversary to us!



Next December will mark *Ladies' Home Journal*'s 115th anniversary, a remarkable achievement. Although there are a handful of other long-lived magazines in America, *Ladies' Home Journal*, with our four and a half million circulation, is the most vital magazine centenarian around.

At LHJ, we are proud of our extraordinary tradition of informing, entertaining and inspiring women. But what makes this magazine survive and flourish is not only our fine tradition but the way LHJ reflects our readers' contemporary needs.

As part of our yearlong anniversary celebration, we will have a special feature in each 1998 issue that we know will directly touch your lives. In this issue, our first Anniversary Special Report is about money, a subject about which most women have very sensibly become far more savvy in recent years.

During the 1990s, we have been following the lives of five readers in yearly update articles. We call these five women our Voices of the Decade. They have had many experiences that women in general have coped with during the past eight years. In this issue's Anniversary Report, we focus on their family finances. I believe that at least one of our Voices will have money concerns very much like your own. I know the advice our experts give them will be helpful to you as well.

Another feature in this issue that will touch all women is "The Friendship Club" on page 58. In LHJ's landmark American Woman Survey, which we first reported on last fall, we found that women today, burdened with more responsibilities than ever, are surprisingly lonely. In this thoughtful piece you'll find ways to make a place for friends in even the busiest life.

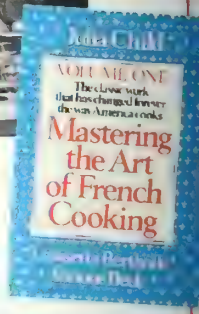
So don't forget to look for our Anniversary Reports—and our Survey features—in every issue, and help us celebrate this very special year.

MYRNA BLYTH
Editor-in-Chief

100 Most Important WOMEN



Child's first long-running public-television series made her a culinary force to reckon with



COMPLIMENTS TO THE CHEF
Julia Child
1912–

Julia Child quite literally wrote the book on sophisticated home cooking. It was called *Mastering the Art of French Cooking* (Knopf), and its appearance in 1961 triggered the "foodie" revolution that is still going strong today.

Child got the idea for *Mastering* while living in France in the 1950s with her husband, Paul, a foreign-service officer. Both were hearty eaters, but Child, a wholly inexperienced cook, struggled in the kitchen. Her passion for French food, however, led her to enroll in France's esteemed Le Cordon Bleu culinary school; her solution for other women was *Mastering*, produced after six years of research.

The 734-page book became an immediate sensation in the United States, and so did its author once her TV show, *The French Chef*, began running in 1963. With her casual ebullience and now-famous fluttery voice, Child took the intimidation out of gourmet cooking, suggesting that preparing—and eating—fine food was not only creative, it was fun. Dinner has never been the same.



OLAY BODY WASH

VE'VE PROVEN

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TESTS THAT OUR BODY WASH
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WINTER DRY SKIN BETTER
THAN THE LEADING BAR

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MEET OUR CONTRIBUTORS



Melina Gerosa

Who says grown-ups can't play? Certainly not Gerosa, who explores the art of having fun. She prescribes fourteen antidotes to doldrums in "Put a Little Fun in Your Life" (page 92), excerpted from her new *The Fun Book: 102 Ways for Girls to Have Some* (Simon & Schuster). Gerosa is LHJ's Senior Entertainment Editor. Join her in our chat room (*www.lhj.com*) January 28, 12:30 P.M., E.T.



Anne Taylor Fleming

To find out why women today feel so lonely even though they lead such full lives, Fleming organized a discussion group for "The Friendship Club" (page 58) that became an exercise in female bonding. "Every woman craves the kind of intimacy she can only have with her girlfriends," she says. Fleming is a contributor to *The NewsHour with Jim Lehrer.*



Peter Vitale

When you've photographed as many houses as Vitale has—everything from a plantation in South Carolina to an imperial palace in Nepal—you know good design when you see it. He gave our seventh annual New American Home (page 130) a rave review. "The house strikes the perfect balance between modern comfort and classic luxury," he says.



Michael Foster

The home building and design experts who created this year's New American Home filled it with the best ideas and latest products—and the fruit of their labor is a dream to behold. For the exquisite furnishings and styling, interior designer Foster deserves much credit. You can admire his work in "The House That Has It All" (page 130).



Randi Hutter Epstein, M.D.

Imagine suffering from a chronic illness, but never exhibiting outward signs. That's the reality for women with autoimmune diseases. "These disorders can strike women as young as in their teens, and take months to diagnose," says Epstein, who describes other symptoms and treatments in "The Enemy Within" (page 78).

LADIES' HOME JOURNAL

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MPA







Should I Marry Him Again?

Jim has been on his best behavior since Penny divorced him. Will he start drinking again if she takes him back? By Sondra Forsyth

PENNY'S TURN

"Jim says the only thing he wants is for me to marry him again," said Penny, forty-two, a striking redhead and the mother of two grown children, Bob, twenty-three, and Scott, twenty-two. "I know he hasn't had a drop to drink for the two years since we separated, but I can't forget the nightmare that was my marriage. He got drunk every night, and as time went on, during the day, too. He was sarcastic and surly. He had affairs and didn't even bother to cover his tracks. People ask why I stayed with him so long. The answer is that he's sweet and romantic and funny—when he's sober.

"I never saw him drink more than a beer or two while we were engaged. I was only eighteen; he was twenty-one. We had big plans for our future. He was studying hotel-and-restaurant management and planned to own his own restaurant.

"It wasn't until after we were married that I saw how much he drank. At first, I told myself he was someone who could hold his liquor. Then we had two wonderful sons, and I made up my mind to make the marriage work, no matter what. For a long time Jim was a great father. While the boys were little, they went to bed early, when Jim was still at the mellow stage. He would roughhouse and tell his silly jokes. They never saw his dark side, and they worshiped him. In the morning and early evening and during the day on Saturday and Sunday, he was the same sweet guy I married. He had a good job as a restaurant manager, and by our twelfth anniversary, he had opened his own restaurant just as he'd hoped.

"Eventually, though, he started drinking at lunch. He began losing his best employees because he was rude and impossible. Business fell off. I got panicky about money and went to work as a receptionist in a dentist's office. The pay wasn't much, but at least there were benefits. I had never gone to college or held a job, so I was lucky to land the position. Then, right after our sixteenth anniversary, Jim simply couldn't handle the restaurant, and he sold it at a loss.

"I told people Jim was working as a restaurant consultant from home. Yeah, right. He sat in front of the TV all day, drinking, and when I got home, he'd start ranting and raving. Needless to say, our sex life was a big zero. I finally went to an Alanon meeting. It was a relief to find other spouses like me. After a while, the boys joined Alateen; Jim simply refused to go to AA. After six years of this, Bob, our older boy, finally came right out and said, 'Mom, people treat their dogs better than Dad treats you. Get divorced.' That was the jolt I needed. I called a lawyer that afternoon.

"Jim couldn't afford a *(continued)*

THE MOST POPULAR, most enduring women's magazine feature in the world. This month's case, about a divorced couple trying to decide whether they should remarry, is based on interviews with clients and information from the files of Hermina C. Baker, L.P.C., a counselor in Utica, Michigan. The story told here is true, although the names and other details have been changed to conceal identities. "Can This Marriage Be Saved?" is a registered trademark of Meredith Corporation.


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lawyer, and he was in a fog anyway, so he just signed the papers. It was summer by then, so the boys were home from college. The three of us started camping out in the garage. I couldn't face being in the house with Jim. We came in to make breakfast before he was up and ate mostly fast food the rest of the time.

"As soon as the legal separation came through, the 'For Sale' sign went up on the lawn. A day later, I got rear-ended at a stoplight on the way to work. I wrenched my back so badly I could barely breathe. At the emergency room, they released me with pain medication. It was Saturday and both of the boys were away, so I called Jim. He was there in a flash, and he seemed so concerned.

Jim has been sober for two years—but how can I forget all the other miserable ones?

"I couldn't work for two months, and I needed physical therapy, so we took the house off the market. It was during those two months that a miracle happened: Jim quit drinking cold turkey and devoted himself to taking care of me. He went to a couple of AA meetings, but he didn't fit in. The truth is, he's got a will of iron. Once he made up his mind, that was it. He said the impending divorce and my accident had brought him to his senses and that he wanted to get his family back before it was too late.

"I guess I thought this sudden recovery was too good to be true. I insisted on going ahead with the divorce, which was final about six months ago. It's been two years since the accident, but I've never moved out. I'm working at the dentist's office again, but I still have intermittent back pain. Jim does all the cooking and cleaning, and he got a job managing a small restaurant. We've started enjoying each other's company, and even sleeping together. Jim wants us to get married again.

"Part of me wants to, but another part is scared to death. Once he's got me trapped again, what if he goes back to his old ways? I want to trust him, but I can't forget all those miserable years."

JIM'S TURN

"I know I put Penny through hell," said Jim, forty-five, his eyes lowered and his brow furrowed. "I love her so much, and I feel terrible about all those lost years. But I'm no fool. God gave me a second chance, and I'm not going to blow it.

"Look, I haven't had a drink in over two years. Isn't that proof enough that I'm on the wagon for good? I can't bear to lose my family; it's all I have in this life. I'm not trying to make excuses for myself, but I think one reason it took me a quarter of a century to figure that out is that I never had a normal family life. My parents married after my mother got pregnant in high school with me. They divorced when I was three, and my aunt brought me up. She was a nice lady, but I always knew she was just a pinch hitter.

"I felt like I was in the way more than anything. I got out as soon as possible, but my dream was to get married and have kids and be a family man. It's not too late to make that dream come true after all. Yes, the boys are grown now, but I want them to feel they can always come home and that it will be a loving place, with a mother and father who care for them.

"And, just as important, I want them to know they have a mother and father who care about each other. I don't know what I was doing fooling around with other women when I already had the most wonderful woman in the world. I still remember the day Penny first walked into the restaurant where I was working. I even remember what she ordered: a fish sandwich, french fries and a root beer. I knew she was the one. It really was love at first sight.

"I love my sons, too, and I want to make everything up to them. I'm working now, and there's nothing that says I couldn't own my own business again. I think Bob's on my side now. He's impressed with how I cleaned up my act. As for Scott, I don't think he ever gave up on me. There were a lot of bad years, but we could look forward to some good times. I like to think I'll be a better grandfather than I was a father.

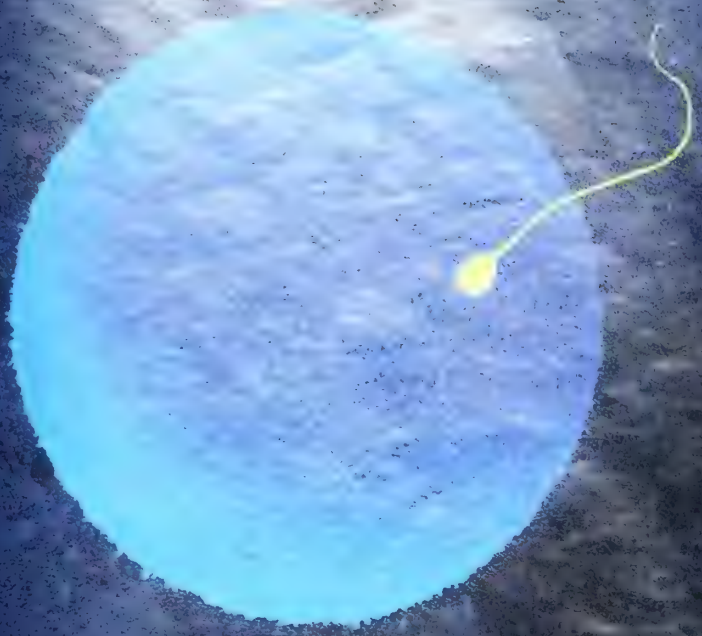
"What I'm saying is that there's nothing that could make me go back to my old ways. How can I convince Penny? I understand why she's leery. But I'm a changed man. Really I am. My hope is that you'll believe me and get Penny to believe me, too. I want us to get married again on what would have been our twenty-fourth anniversary, in December. Then we'll be family again, the way we were meant to be."

COUNSELOR'S TURN

"I wish I could give Penny a guarantee that Jim won't ever slip again," said the counselor. "Unfortunately, I can't. Alcoholism is a disease with no cure. That is why the preferred term for someone like Jim is 'recovering alcoholic.' Also, the surest bet against slipping is membership in AA, and Jim insists he's not a joiner. Even so, after several sessions with him, I began to feel comfortable *(continued)*

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with his conviction that he is on the wagon for good. Now that his head is clear, he is strongly motivated to stay on the straight and narrow and rebuild his family relationships.

"Nevertheless, Penny's fear that Jim might revert to his old behavior if they remarried was understandable. For years, she had been sheltering Jim from responsibilities and, in effect, allowing him to continue drinking. What she calls a miracle was brought about by the accident that rendered her helpless and forced Jim to assume the role of caretaker, both physically and emotionally. As her back pain diminishes, there is danger that both of them might return to their destructive patterns.

"In a joint session, I brought up this possibility. Penny and Jim were both amazed that I was not pointing the finger of blame entirely at Jim. I explained that I was simply asking them to recognize what part each had played. I saw them individually and assessed their basic personality types as well as their childhoods. Penny is a nurturer who instinctively gives more of herself than is healthy; in her marriage, she had re-created the model from her childhood in which her mother was the strength and her father, while not an alcoholic, was chronically unemployed. As for Jim, he is basically an outgoing, fun-loving person. He has a well-honed sense of humor—which he used as a weapon in the form of sarcasm when alcohol clouded his judgment. Also, Jim's childhood had left him unprepared for day-to-day life in a family. He told me, 'I had a Norman Rockwell picture in my mind, but I didn't know how to set the wheels in motion.'

"Given all of this, we tried some communication exercises where Penny and Jim would make simple joint decisions, such as choosing a restaurant for dinner. Inevitably, Penny would defer in a long-suffering manner and Jim would make stinging wisecracks. Clearly, while the alcohol had exacerbated this type of exchange, the basic way they communicated was hurtful. I was pleased with how quickly Penny and Jim accepted this once I pointed it out. They even made a game of catching themselves. They would return to a subsequent session with a report on how they had stopped an interchange and started over.

" 'He'll still tease me,' Penny said, 'but it's fun, not a put-down.' And Jim says Penny has learned to make her wishes known. 'The first time she said she didn't want to rent the video I had picked, I almost passed out,' he said, laughing.

"I was pleased with this couple's rapid progress. After four months of counseling, Jim again brought up the subject of remarriage. I told them that while I still had no guarantees, I felt strongly that he would stay sober. Two months later, I got a wedding invitation. The ceremony was just as Jim had pictured it, with their sons standing up with them. That was eight months ago. When I last heard from Penny, she said they were happy in a way they never had been before. 'I won't ever look back,' she said. 'We've started over, and this time we're doing it right.' " ●



When Jim learned to curb his sarcasm and Penny to assert herself, this couple was on the road to recovery

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COMPARISON SHOPPING
LIP SERVICE

TYPE OF LIPSTICK	WHAT IT DOES	WHAT TO TRY
 Moisturizing	Adds moisture while giving full color to lips because of its creamy consistency and mix of waxes and oils.	L'Oréal Colour Riche Hydrating Lipcolour, $7.80; Revlon Super Lustrous Lipstick, $7.50; Lancôme Rouge Sensation, $15.
 Matte	Provides total color coverage in a flat, muted texture. Can be drying (for lack of moisturizing ingredients), but as it dries, penetrates lips for long wearability.	Estée Lauder Indelible Lipstick, $15; Clarins Rouge Éclat, $15.50; Ultima II Wonderwear Lipsexxxy Lipstick, $12.50.
 Stain	Feels like a lipstick (and is definitely less gooey than gloss), but provides sheer color and shine. Great if you want a natural look.	Avon Truly Translucent Gloss Stick, $4.75; Bobbi Brown Essentials Lip Stain, $16; Max Factor Lip Silks, $7.35.
 Transfer resistant	Stays on for hours, due to its high concentration of pigments. Choose one with conditioners like vitamin E so lips won't appear cracked.	Maybelline Great Wear Lipstick, $6.50; Cover Girl Marathon Lipcolor, $5.90; Givenchy Rouge Couture, $21.
 Gloss	Provides a high-shine color that gives the appearance of fuller lips. Use it alone or over a matte lipstick.	Clinique Glosswear, $11.50; Elizabeth Arden Crystal Clear Lip Gloss, $11.50; Nat Robbins Hydrawear Lip Gloss, $3.95.

The band plays on

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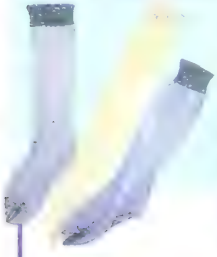
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The GUIDE to trouser hose

Now that we're wearing more pants than skirts, our sock drawers are getting mighty crowded—in the first quarter of 1997, sock sales were up 42%. But are we experts as well as collectors? Think quick on your feet: Which sock goes with which shoe?



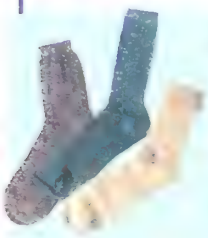
With heels, choose a sheer or opaque knee-high that won't fall down or sag around your ankle.



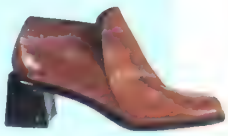


With a classic loafer, a medium-thick cotton or wool sock will keep your foot from slipping forward while still looking sleek. Mid-calf height is a must to prevent skin from showing when you cross your legs.





A shoe boot needs a thicker, more durable sock. Look for ones made of 50% mercerized cotton (to maintain bright color) and 50% stretch nylon (which helps sock hold its shape).





In a wing tip, which is heavy and masculine, choose a sock that's soft and feminine: perhaps something with a pretty pattern or weave.





The ballet shoe, or any dainty flat, should be worn with a very thin and close-fitting sock made of nylon or silk. Avoid bulkier wool or cotton.





IN THE THICK

You can never be too rich, perhaps, but your hair can certainly be too thin. According to Carmine Minardi of the Minardi Salon in New York City, the best way to make your locks appear thicker is to apply a spray mousse or thickening spray at the root (holding hair up with your fingers) and then blow-dry, using a round brush. Curly tops should let hair dry naturally, run fingers through it for volume, then use a molding gel to hold it in place.

Exercise of the month

The Rock-and-Roll Crunch



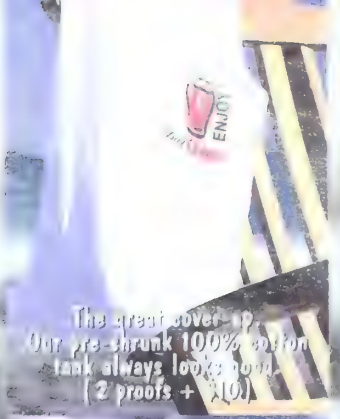
Why do separate upper, lower and oblique ab exercises when you can hit three spots in one? This crunch, developed by sisters Anna and Cynthia Benson, creators of The FIRM video series, works the entire abdominal area without causing lower-back stress. Lie on your back, hands supporting head and legs extended over hips. Raise head and shoulders as you bring feet to floor. Return to original position. This time, keeping legs overhead, raise upper body, bring an elbow to the opposite knee. Repeat sequence and finish with a twist in the opposite direction. Do 25 reps, 4 to 6 times a week.



It's A Fact

Yes, women do believe love is blind. According to Gillette, [illegible] shave their legs for a doctor visit, but just 40% do so for their mates.





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Neutral Know-how



Q: I'm always reading that neutral colors are the smartest base for a wardrobe. But how do I know which neutral works best for me?

Black, always a classic, is the easiest neutral for lots of working women to wear—it looks stylish, and dye lots don't differ that much, making mixing and matching black pieces a relative breeze. Add to that the fact that black camouflages well and gives you dress up/dress down flexibility. On the debit side, black drains the skin and needs a buffer of white near the face for compensation.

Brown, the trendy neutral du jour, is a warm color that flatters most skin tones and goes especially well with pastels and anything tortoiseshell. But shop cautiously: Brown is big now, but who knows what will be in two years?

Navy has the thinning power of black but is kinder to sallow skin tones. It's harder to mix tonally, though, so your navy blazer might not go with your navy slacks. Be willing to buy suits and wear the pieces separately with other neutrals such as gray and brown (or jazz up blue pieces with acid green or lavender). Accessory-wise, stick with silver.

Gray, the newest neutral, is a cool and elegant color that flatters pink or tawny skin and looks great with pearls and cool "silvertone" metals. Mixing gray tones is a snap—items of dove gray or stone or deep charcoal are exquisite together. If you have a yellow skin tone, soft grays or slate blues are most flattering, and gray garments in gutsy menswear fabrics and styles like wool flannel pants look the sharpest.

Beige, the classic "blond" neutral, is best when paired pieces vary in texture. But it's simple to combine beige hues, from cream to bamboo, putty to khaki, to the newest batch of beiges in nude skin-tone shades. Wear tortoiseshell or gold jewelry—and be ready to spend money at the dry cleaner.



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P&G, 1998



"Breast Cancer Cost Me My Job"

When my boss fired me after my cancer surgery, I was determined to fight back. By Jane Karuschkat, as told to Thomas Clavin

Battling breast cancer was the biggest challenge I have ever faced, but I believed I could beat it. I thought my determination, the love and support of my husband and, yes, even my job as a legal secretary would help. At the office, I had the encouragement of my co-workers, plus the routine of familiar tasks, which offered some stability when everything else in my life was in upheaval.

So it was one of my darkest days when one Friday, in January 1993, I asked my husband, Glenn, to pick me up early at the office.

I told him, "I've just been fired."

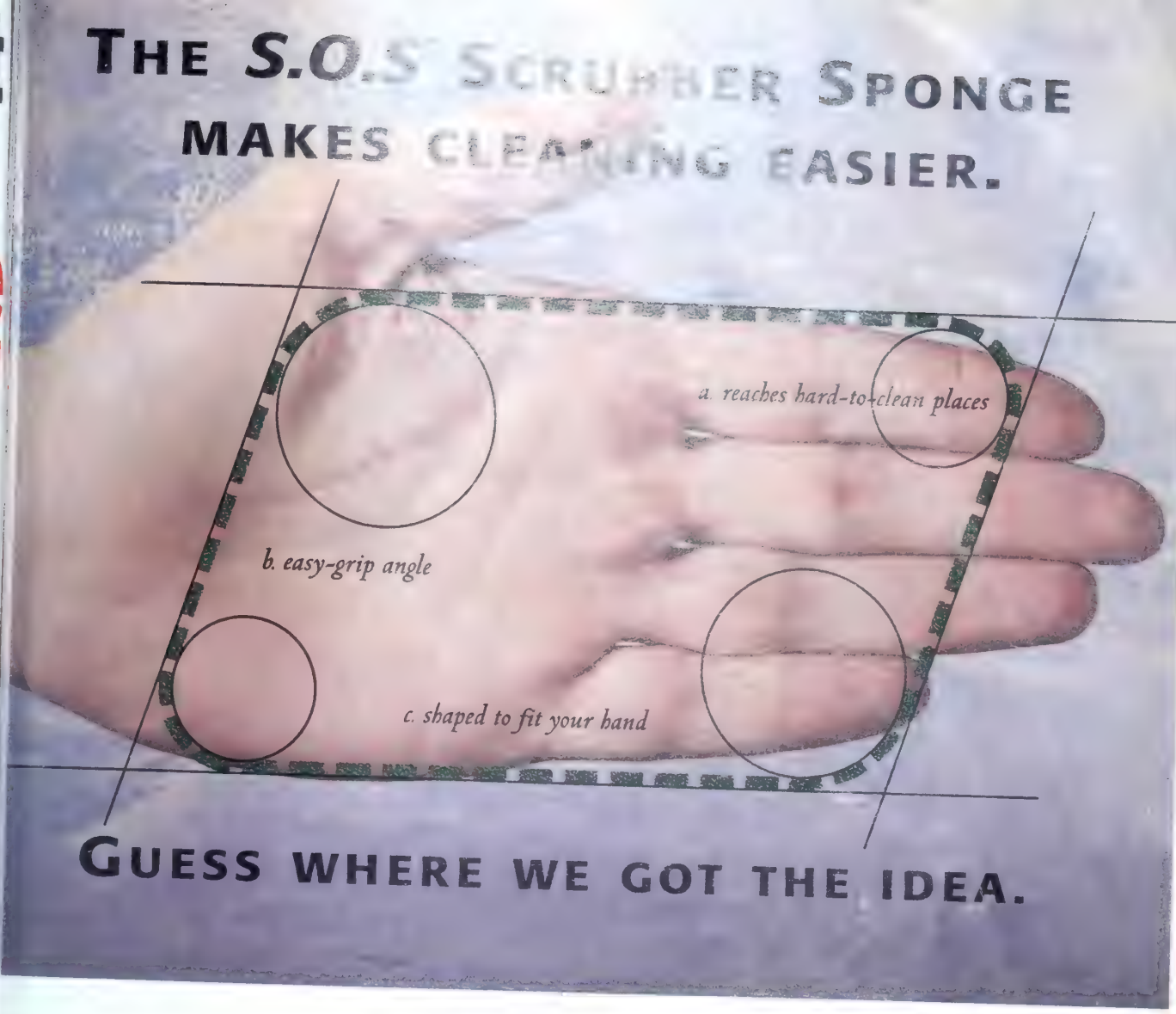
For four years, I had been a legal secretary at a law firm in Mineola, New York. A busy office with five attorneys made for very hectic days, but I enjoyed the variety of cases the firm handled. The pay also kept our checkbook balanced while we waited for Glenn's new audiotape production and distribution business to take off.

Then, in October 1992, I was diagnosed with breast cancer. The news left me stunned—I was only forty-one—but I vowed to do whatever was necessary to overcome this illness. I opted for a lumpectomy the following month, but doctors discovered afterward that the cancer had spread beyond the lump, so in December I underwent a mastectomy and was scheduled for a regimen of chemotherapy. The entire experience sorely tested my positive attitude. What helped me hold it together was knowing I had a steady job to rely on.

From the start, I shared the news of my cancer with my employer and my co-workers. I felt it was important for them to know everything, and I wanted their support. To minimize the impact my illness would have on my work, I took less than a week off—a combination of sick and vacation days—to recuperate from the mastectomy. My doctor agreed to schedule my semimonthly chemo treatments Fridays after work so I could have the weekend to recover. At the office, at least, I wanted life to be as close to normal as possible.

People at the firm seemed to be understanding and compassionate—maybe too nice. During that November and December, they stopped giving me work. I would ask the attorneys and *(continued)*

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secretaries, "Can I help you with that?" or "Let me finish up for you." Not wanting to burden me, they would say everything was okay. But with only trivial tasks to do all day, I no longer felt valued. Still, I hoped that things would go back to normal eventually.

I had my first chemo treatment on a Friday in January 1993, but I still felt rotten on Monday, so I took another of my accumulated sick days and went back to work the next day. Then, early on the following Friday afternoon, my boss, Jessel Rothman, asked me to meet him in the office library. "This is going to be as difficult for me as it is for you," he began after we were seated. "I'm going to have to let you go. I can't afford to keep you any longer."

I knew right away that this decision had nothing to do with money. No other staffers had been laid off recently, and I had more seniority than many of them. And I certainly wouldn't have received my annual Christmas bonus just a few weeks earlier if money had been tight, or if my work had been unsatisfactory.

A part of me suspected what I was really being told was, "You're going to be sick all the time, and we don't want to deal with it. Get out."

Rothman offered a week's severance pay. I asked for two; he refused. That was it. I was out. In a daze, I left the library and put my personal belongings in a box, then I called my husband, and when he arrived, I walked out into the cold.

In the days following my dismissal, I wrestled with many strong emotions. But rising above them all was the feeling that I had to take action. I felt I was being fired for having cancer, and that just wasn't right. And surely I wasn't the only victim of this type of discrimination. I contacted attorneys who were involved in health and employment issues, eventually finding L. Susan Slavin, who was clearly a crusader.

The Americans with Disabilities Act, a federal law that was new at the time, would not apply in my case, because my company employed fewer than fifteen people. Instead, Susan told me, she wanted to file a complaint with the New York State Division of Human Rights, asking them to mandate that the federal law requirements for reasonable accommodation of disabilities be applied to employees with disabilities, including illnesses such as cancer, throughout the state. (The state law applies in companies with more than four employees.) I said, "Okay, let's go for it." Glenn backed me all the way.

It was hard to see my former co-workers testify that I was unable to handle my workload

As anyone who has been involved in a legal procedure knows, it's a lot of hurry-up-and-wait. The law firm chose to fight the complaint, which stretched things out further. Plus, we were asking the State Division of Human Rights to do something that, according to Susan, was unprecedented—rule in favor of a woman in a breast-cancer–related discrimination action, and on top of that, persuade a judge that New York be required to extend its state disability law relating to reasonable accommodation.

The first sign that we had a real shot at success came in March 1994, when the Division of Human Rights ruled that my complaint did have enough merit to take the case to the next level, which was a series of hearings before a judge appointed by the division. Grateful as I was for any progress, the hearings proved to be a painful experience.



Glenn's support helped Jane through her

It was hard to see my former co-workers—including those who had been my friends—testify against me. I wondered if they were giving this testimony under duress, and I sensed their discomfort as they asserted that I was unable to handle my workload.

In his opening statement, Jessel Rothman said that "no matter how great or competent she was up to October 1992, she lost those skills." He argued that the cancer treatments had affected my time at work. But Susan pointed out that, in fact, I had missed only a few days in the eleven weeks between my diagnosis and dismissal, and that these fell within my allotted sick and vacation days. It seemed we had made a strong case, but would the judge agree?

We found out in January 1996 that the judge's report to the New York State Division of Human Rights was favorable to us. But now we had to wait for the *(continued)*


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From the kitchen of
Vanessa L. Williams



Stuffed Peppers

- 10 small green peppers
- 3 tablespoon oil
- 1 medium onion
- 1/2 pound ground beef
- 1/2 pound ground pork
- 1/2 cup rice
- 1 teaspoon salt
- 1/2 teaspoon pepper
- 1 egg
- 2 small cans tomato sauce

Wash peppers, cut off tops, remove seeds, and scrape with a spoon. Mince and brown onion in oil, pour into bowl ,add meat, wash rice, salt, pepper, and beaten egg. Mix well. Fill each green pepper almost to the top with mixture. Place peppers into deep pot. Pour on tomato sauce and enough water to cover. Simmer for about 1 hour or until rice is cooked.

SPRITE Pound Cake

- 3 cups sugar
- 3 sticks margarine or butter
- 6 eggs
- 3 cups flour
- 3/4 cups Sprite
- 3 teaspoons lemon flavoring

Cream sugar and margarine until smooth. Add one egg at a time and beat. Add flour and stir. Combine Sprite and lemon flavoring and mix into batter until smooth. Bake at 325° in loaf pan for 1 hour.

Continued

head of the division, Edward Mercado, to give a final ruling. Around the same time, I was hit with another crisis: My cancer had metastasized to my hipbone. I needed a more intense series of chemo treatments. (Two years earlier, I had decided to have my other breast removed as a preventive measure.)

That June, Commissioner Mercado's historic ruling was handed down. He said that the firm had illegally discriminated against me because of my illness, that they had not reasonably accommodated my disability and that the New York State Human Rights Law would conform to the Americans with Disabilities Act. He further ruled that as a protection against discrimination, an illness must be equated with a disability, and therefore an employer must make a "reasonable accommodation" (such as flextime, in some situations) for sick workers who are otherwise willing and able to do the essential functions of their jobs.

I've since learned that my case is being used in other states to support the job-discrimination cases of cancer patients. This could have a huge impact, because among the 180,000 new cases of breast cancer diagnosed every year in the U.S., some women are doubtless going to face wrongful discrimination and firing.

The State Division of Human Rights also awarded me close to $70,000—some $20,000 for lost wages, and the rest for "mental anguish." I haven't seen a penny of it and probably never will, because my employer not only appealed the ruling, he also closed his law firm. But my fight was not just about money—it was about informing and empowering myself and others.

Today, though I'm still troubled by hip pain and a cranky digestive system, some of my strength is returning and there is no evidence that the cancer has recurred. I've taken up painting, exhibiting my work and even selling some pieces. Since the ruling, many other women wron fired by their employers have c tacted me. Many of them were an some felt helpless or tossed asi And I'm sure there are people ev where who suffer in silence.

What has made the fight reward is knowing that my name is attac to a legal decision that is part of effort to close the door on discri nation and open other doors to portunity and self-respect.

The battle is far from over. B won't quit until all cancer patie have the right to do their jobs. ●

Staying on the job

According to a 1996 survey of five hundred cancer survivors, these patients reported being fired or laid from their jobs at five times the rate of other workers in the U.S. Of the one hundred supervisors of cancer survivors who were also surveyed, 33 percent believed that the worker could no longer handle their jobs, a 31 percent felt they had to be repla

If you have cancer or another seriou illness and you've been discriminated against at work, the best course of act is to address the problems early, befor they worsen. In a face-to-face meeting with your boss, discuss your diagnosis treatment program, express your desir and ability to keep working effectively seek solutions. If the discrimination continues, keep a record of actions tal against you, and if your company has grievance procedure, pursue it.

These organizations can give you information and assistance: Cancer C 800-813-4673; National Alliance of Breast Cancer Organizations, with mo than 370 member groups, 888-806-2 or *http://www.nabco.org*; and the American Cancer Society, 800-227-2 or *http://www.cancer.org*. The Nation Coalition for Cancer Survivorship publishes a pamphlet called "Workin Out: Your Employment Rights as a Ca Survivor." For a copy, call 301-650-8

For legal assistance, contact your Bar Association or send a request for list of lawyers in your state that deal employment issues, along with a sel addressed, stamped envelope (with 5 postage), to the National Employmen Lawyers Association, 600 Harrison S Suite 535, San Francisco, CA 94107.

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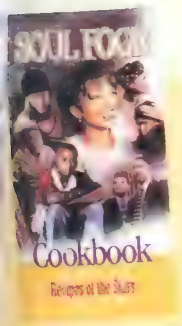


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Quote Of The Month



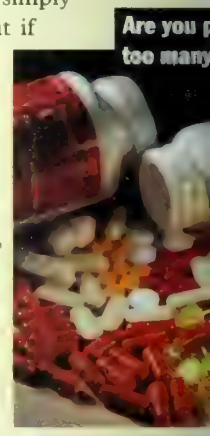
"I think ha[illegible] been a prince, the[illegible] be together, because we [illegible] very good relationship[illegible] baggage that comes with it was too much."

—Sarah Ferguson, Duchess of York, on *Larry King Live*

Top health mistakes baby boomers make

Are you really looking after your health? The American College of Physicians, based in Philadelphia, is so concerned for baby boomers that they recently launched a huge campaign to alert those turning forty and fifty to the implications of growing older. All too often, says spokesperson Sandra Adamson Fryhofer, M.D., at Piedmont Hospital, in Atlanta, boomers make these mistakes:

1 Dismissing common symptoms that can be serious in middle age. For example, fatigue may simply call for more rest when you're younger. But if you're over forty, it may indicate asthma, heart disease or an underactive thyroid.



2 Routinely self-medicating with over-the-counter preparations. Use of antacids for indigestion or heartburn, for instance, can mask symptoms of an ulcer, heart disease or colon cancer. In addition, taking more than one medication at a time is common and can lead to serious complications.

3 Overlooking the biological changes that come with menopause. According to Fryhofer, too many women think only about hormone replacement therapy as they approach middle age. But it's also a time when you're more at risk for heart disease, cancer and osteoporosis, which all respond to hormones in different ways. Talk to your doctor about screenings you may need.

—Steve Salvatore, D.O., *CNN Medical News*

Saving for family care

While dependent-care spending accounts are part of many benefits packages, most people aren't taking advantage of them, say experts. Why? They don't realize that these accounts allow you to set aside pretax money for specific expenses.

"If you're paying for care for a child or a dependent parent, you're probably using money you've paid taxes on," notes Joseph Martingale, an employee-benefits consultant for Towers Perrin, in New York City. "Dependent-care spending accounts allow you to pay for that care *before* being taxed," he adds. You can put aside up to $5,000 annually, but you must use the money during the year, or you lose it. Already chosen your benefits? Keep the option open for 1999. —John Defterios, *Your Money*

A better BREAST CANCER treatment

New research shows that virtually every woman with breast cancer can increase her chance of survival with multidrug chemotherapy.

While it's been known that women whose cancer had spread to their lymph nodes should get chemotherapy, doctors did not know if the anticancer drugs would increase survival in women whose tumors had not spread. Now, research proves that even women with tumors as small as one centimeter are more likely to be disease-free after five years when they undergo chemotherapy, according to Bernard Fisher, M.D., scientific director of the National Surgical Adjuvant Breast and Bowel Project, in Pittsburgh. The study also shows that chemotherapy benefits women of all ages. In women 49 and younger, there's a 50 percent reduction in the rate of tumor recurrence; in older patients, it's about 25 percent. —Rhonda Rowland, *Your Health*

Watch CNN's Parenting Today for important information on issues affecting today's family (Saturday, 12:30 A.M. and 1:30 P.M., E.T.) and CNN's Your Money for personal finance (Saturday, 2:30 P.M., E.T.).



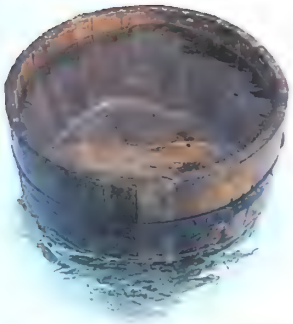
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Baptism by Fire

Life was perfect. Then Heather's baby had a seizure, plunging the family into a terrifying ordeal. Sometimes God tests you to give you the faith you need. By Heather Choate Davis



The author and her daughter today

Jeremy, our seven-month-old daughter, needed to be baptized—there was a page for it in her baby book. I called the Episcopal church where everyone in my family had been married, confirmed or eulogized over the past fifty years. Where our son, Graham, now four, had been baptized, which was the last time my husband, Lon, and I had been there.

"I need to set up a baptism," I said briskly, as if it were a manicure or a dog grooming. "What dates do you have this year?"

"Are you a member of the church?" the cleric asked.

"Oh, yeah, our family's been going there for years."

"Yes, but do you attend services?"

"Uh, no. Not really. We live kind of far away," I protested.

"Well, part of the point of a baptism is to welcome a child into a congregation. I think it would be more meaningful for you if you had your baby baptized at your neighborhood church."

We had never actually been inside our neighborhood church, but here we were, around Easter, setting off to church for the first time ever as a family. The pastor of this simple, cheery Lutheran church came bounding down the aisle. "Hi, I'm Pastor Ken. Call me Ken. Glad to meet you," he said with a firm handshake.

When we left, I announced to Lon, "We'll go once a month for a year."

The day after our very first visit to his church, Ken called us to set up an informal visit. I served store-bought cookies and Snapple. We chatted comfortably about art and books and Venice; then he gave us a booklet about Lutheranism. We nodded. "We've got some real conflicts about the Jesus thing," I said as the kids fidgeted. "Plus, there are a lot of wise people in the world, and I can't accept that their beliefs are invalid."

"Exclusionism is one of the greatest obstacles facing Christianity today. I struggle with it all the time," he said.

"I've got to tell you," Lon chimed in, "if it weren't for the kids, we probably wouldn't be doing this at all." I forced a smile. *Honey, there's honesty and then there's turning the knife.*

"Well, whatever your reasons, we're glad to have you with us," Ken said, rising. "See ya on Sunday?"

"Maybe," we said in tandem.

For the first time in my life I thought maybe—just maybe—a church was not a house of deception. We had spoken honestly, and this scholarly man *(continued)*

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Lysol

responded with intelligence and open-mindedness. He'd left the light on and the door open and said to come home whenever we were ready.

Bit by bit, I relaxed into our every-fourth-Sunday routine. I liked our little church and our pastor, and yet. . . . The world was filled with pleasant, superficial experiences; I didn't need church to be one of them. I felt frustrated and uncertain—what if I journeyed down this road at long last and found at the end of it nothing still?

It was a Sunday morning in October. Lon was in the bathroom when Graham raced in and shook me. "I think Remy's having a poop or something," he said.

I groaned. "Tell Dad. He's up."

A few minutes later Lon returned, carrying Remy. She was twitching in synchronized spasms, her eyes ratcheted to the far right.

"Call Dr. Vasquez," I said, taking Remy in my arms. Except for the twitching, her body felt like a mannequin. "No, never mind," I barked, pulling on my pants with one hand. "We're going to the emergency room."

At Santa Monica Hospital, we were asked to step outside while they did a spinal tap. In the waiting room, I tried not to cry. Lon took Graham to get something to eat while I called the church. "Tell them Graham won't be there to sing in the choir today, and—" The tears were starting to come hard. "Please ask everyone to pray for Remy Davis. She's in the hospital. I think she might be very sick."

No evidence of meningitis, but her white count was elevated, a sign of infection. The doctors started her on IV antibiotics, and within hours, she responded. The usual procedure for febrile seizure would be to send us home with more antibiotics. But the doctors decided to admit Remy for a few days' observation.

On the pediatric floor, Lon and I hovered over Remy's crib. Her left leg was pulled in tightly toward her belly. I smoothed it out; it tugged reflexively toward her chest. Lon and I both fought back fleeting bits of random medical facts—*isn't that what happens to stroke victims?*

The on-call doctor wasn't interested in Remy's left leg. "Has her right side been flaccid the whole time?" We had been so preoccupied with the left, we hadn't noticed. Now it was obvious: Her right side was about 50 percent diminished in coordination and strength.



Heather and Lon with Graham, eight years, and Remy, three

"I'd like to call a neurologist," the doctor said. *Neurologist . . . oh my god, they think there is something wrong with her brain.*

The neurologist pronounced the CAT [computerized axial tomography] scan and an EEG [electroencephalogram] unremarkable, but we weren't off the hook yet. "The radiologist thinks he sees something on the CAT scan, so I'm ordering an MRI [magnetic resonance imaging]. I'm also going to start her on an IV of acyclovir on the off chance that what he sees could be a lesion of herpes encephalitis. Since it can be deadly, let's cover it until we can rule it out for sure."

Lon left with Graham, and I spent a sleepless night on a fold-out chair next to Remy's crib. She thrashed about, and the monitor set off a shrill beep every time she moved. The next morning, Lon stayed with Remy for the MRI while I fled outdoors for some fresh air. The streets were hectic and dusty with construction. Please, please, please, I thought. No words came to me except these: *Give me the strength to handle whatever comes.*

I went back inside, scanning for a focal point—anything to distract me. I shut my eyes, then opened them. There. On the flat charcoal carpet at my feet. The word *Center.* Clear as day. I turned to the window. The words *Magnetic Resonance Imaging* on the glass pane were blocked by scaffolding across the street. The sun illuminated the one word, projecting it onto the floor. Center. Please give me the strength to handle whatever comes.

That afternoon, the neurologist told us, "We haven't entirely ruled out a herpes lesion, but it's more likely to be a cyst. Probably benign. I've spoken to the head of pediatric neurosurgery over at UCLA, Dr. Warwick Peacock, and he's agreed to see Remy."

"She needs brain surgery?" I countered, stunned.

"He'll need to see her to decide."

They planned to release Remy Thursday morning. But at four-fifteen P.M. on Wednesday, she started to fuss and bite down hard on my shoulder. Her temperature had spiked again. They gave her Tylenol and carried her away for more tests. I cracked.

That night, I didn't even bother to change into a nightshirt. I didn't wash my face or brush my teeth. I made only one preparation, and that was to pray.

The word god, as a rule, is not capitalized when it's coupled with "damn it," which, by the time I could drive, was the only way I used it. I distrusted religion, organized or otherwise. Nonetheless, as I stood over Remy's *(continued on page 47)*



Time For An Oil Change.

Replace oils and refined sugars in your cooking with healthy citrus concentrates and juices. Florida citrus adds valuable nutrients to any dish. Without sacrificing flavor.



refreshing twist. Make the switch. Start cooking healthier today.



Last winter, Mike Vaughn had a heart attack. In addition to diet and exercise, his doctor prescribed ZOCOR, the one cholesterol medicine proven to help save the lives of people with high cholesterol and heart disease. Good thing. Because he has some important plans with Alex.

ike Vaughn did with his future.

Your future is too valuable a thing to risk with **high cholesterol**. High cholesterol can lead to heart disease and even death. When used with diet and exercise, ZOCOR is the one medicine that's actually been proven to help save the lives of people with high cholesterol and heart disease. **More than 3.1 million people have taken ZOCOR, the most often prescribed cholesterol medicine in the U.S.***

A landmark five-year study among heart disease patients with high cholesterol demonstrated dramatic results for ZOCOR: fewer cardiac procedures, fewer heart attacks, and 42% fewer deaths from heart disease.

ZOCOR is a prescription drug, so you should ask your doctor or healthcare professional if ZOCOR is right for you. Some people should not take ZOCOR: people with active liver disease or possible liver problems; women who are pregnant, likely to become pregnant, or are nursing; or people who are allergic to any of its ingredients.

Your doctor may perform blood tests to check your liver function before and during treatment with ZOCOR. Be sure to tell your doctor if you experience any unexplained muscle pain or weakness while taking ZOCOR, since this could be a sign of serious side effects, and be sure to mention any medication you are taking to avoid possible serious drug interactions.

To get your free copy of "Surviving High Cholesterol," call 1-800-363-LIFE. Visit our Web site at http://www.zocor.com



Ask your doctor about ZOCOR– the one cholesterol medicine proven to help save lives among people with high cholesterol and heart disease.

- Does my cholesterol level put me at risk?
- Should I consider adding ZOCOR to my diet and exercise plan?
- Can I take ZOCOR with other medicines I'm taking?
- Is it safe to stop taking ZOCOR?
- What type of results can I expect from ZOCOR?

MERCK

Please read the next page for a summary of Prescribing Information and discuss it with your doctor.

ZOCOR is indicated as an addition to diet for patients with high cholesterol when diet and exercise are inadequate. (Results vary patient to patient.)

It's your future.
BE THERE.

ZOCOR. The cholesterol medicine that helps save lives.

*Source: IMS America, December 1995.

ZOCOR
SIMVASTATIN

PLEASE READ THIS SUMMARY CAREFULLY, AND THEN ASK YOUR DOCTOR ABOUT ZOCOR. NO ADVERTISEMENT CAN PROVIDE ALL THE INFORMATION NEEDED TO PRESCRIBE A DRUG. THIS ADVERTISEMENT DOES NOT TAKE THE PLACE OF CAREFUL DISCUSSIONS WITH YOUR DOCTOR. ONLY YOUR DOCTOR HAS THE TRAINING TO WEIGH THE RISKS AND BENEFITS OF A PRESCRIPTION DRUG FOR YOU.

USES OF ZOCOR

ZOCOR is indicated as an adjunct to diet to reduce the risk of death by reducing coronary death, to reduce the risk of heart attack, and to reduce the risk for undergoing cardiac procedures (coronary artery bypass graft) and percutaneous transluminal coronary angioplasty)

WHEN ZOCOR SHOULD NOT BE USED

th s with your doctor

allergic to any of its ingredients. In addition to the active following inactive ingredients: cellulose, lactose, magxide, and starch. Butylated hydroxyanisole is added as a preservative.

Patients with liver problems: ZOCOR should not be used by patients with active liver disease or repeated blood test results indicating possible liver problems. (See WARNINGS.)

Women who are or may become pregnant: Pregnant women should not take ZOCOR because it may harm the fetus. **Women of childbearing age should not take ZOCOR unless it is highly unlikely that they will become pregnant.** If a woman does become pregnant while on ZOCOR, she

Women who are breast-feeding should not take ZOCOR.

WARNINGS

Liver: About 1% of patients who took ZOCOR in clinical trials developed elevated levels of some liver enzymes. Patients who had these increases usually had no symptoms. Elevated liver enzymes usually returned to normal levels when therapy with ZOCOR was stopped.

In the ZOCOR Survival Study, the number of patients with more than one liver enzyme level elevation to greater than 3 times the normal upper limit was no different between the ZOCOR and placebo groups. Only 8 patients on ZOCOR and 5 on placebo discontinued therapy due to elevated liver enzyme levels. Patients were started on 20 mg of ZOCOR, and one third had their dose raised to 40 mg.

Your doctor should perform routine blood tests to check these enzymes before you start treatment with ZOCOR, and periodically thereafter (for example, semiannually) for your first year of treatment or until one year after your last elevation in dose. If your enzyme levels increase, your doctor should order more frequent tests. If your liver enzyme levels remain unusually high, your doctor should discontinue your medication.

Tell your doctor about any liver disease you may have had in the past and about how much alcohol you consume. ZOCOR should be used with caution in patients who consume large amounts of alcohol.

Muscle: Tell your doctor right away if you experience any muscle pain, tenderness, or weakness at any time during treatment with ZOCOR, particularly if you have a fever or if you are generally not feeling well, so your doctor can decide if ZOCOR should be stopped. Some patients may have muscle pain or weakness while taking ZOCOR. Rarely, this can include muscle breakdown resulting in kidney damage. The risk of muscle breakdown is greater in patients taking certain other drugs along with ZOCOR, such as the lipid-lowering drug Lopid* (gemfibrozil), a fibrate; lipid-lowering doses of nicotinic acid (niacin); the antibiotics erythromycin and clarithromycin; nefazodone; antifungal drugs that are azole derivatives, such as itraconazole and ketoconazole; or drugs that suppress the immune system (called immunosuppressive drugs, such as Sandimmune [cyclosporine]). Therapy with ZOCOR should be temporarily interrupted if you are going to take an azole derivative antifungal medication, such as itraconazole. Patients using ZOCOR along with any of these other drugs should be carefully monitored by their physician. The risk of muscle breakdown is greater in patients with kidney problems or diabetes.**

If you have conditions that can increase your risk of muscle breakdown, which in turn can cause kidney damage, your doctor should temporarily withhold or stop ZOCOR. Such conditions include severe infection, low blood pressure, major surgery, trauma, severe metabolic, endocrine and electrolyte disorders, and uncontrolled seizures. Also, since there are no known adverse consequences of briefly stopping therapy with ZOCOR, treatment should be stopped a few days before elective major surgery. Discuss this with your doctor, who can explain these conditions to you.

Because there are risks in combining therapy with ZOCOR with lipid-lowering doses of nicotinic acid (niacin) or with drugs that suppress the immune system, your doctor should carefully weigh the potential benefits and risks. He or she should also carefully monitor patients for any muscle pain, tenderness, or weakness, particularly during the initial months of therapy and if the dose of either drug is increased. Your doctor may also monitor the level of certain muscle enzymes in your body, but there is no assurance that such monitoring will prevent the occurrence of severe muscle disease.

PRECAUTIONS

your cholesterol by other methods such as diet, w best to do this. Any other medical problems that

ZOCOR (simvastatin) is less effective in patients with the rare disorder known as homozygous fa hypercholesterolemia.

Drug Interactions: Because of possible serious drug interactions, it is important to tell your docto other drugs you are taking, including those obtained without a prescription.

ZOCOR can interact with Lopid, niacin, erythromycin, clarithromycin, nefazodone, certain anti drugs, and drugs that suppress the immune system (called immunosuppressive drugs, su Sandimmune). (See WARNINGS, Muscle.)

Some patients taking lipid-lowering agents similar to ZOCOR and coumarin anticoagulants (a type of thinner) have experienced bleeding and/or increased blood clotting time. Patients taking these med should have their blood tested before starting therapy with ZOCOR and should continue to be monit

Endocrine (Hormone) Function: ZOCOR and other drugs in this class may affect the produc certain hormones. Caution should be exercised if a drug used to lower cholesterol levels is admini to patients also receiving other drugs (e.g., ketoconazole, spironolactone, cimetidine) that may de the levels or activity of hormones. If you are taking any such drugs, tell your doctor.

Central Nervous System Toxicity; Cancer, Mutations, Impairment of Fertility: Like prescription drugs, ZOCOR was required to be tested on animals before it was marketed for huma Often these tests were designed to achieve higher drug concentrations than humans achieve at r mended dosing. In some tests, the animals had damage to the nerves in the central nervous syst studies of mice with high doses of ZOCOR, the likelihood of certain types of cancerous tumors incr No evidence of mutations of or damage to genetic material has been seen. In one study with ZO there was decreased fertility in male rats.

Pregnancy: Pregnant women should not take ZOCOR because it may harm the fetus.

Safety in pregnancy has not been established. There have been no reports of birth defects in the ch of patients taking ZOCOR. However, in studies with lipid-lowering agents similar to ZOCOR, ther been rare reports of birth defects of the skeleton and digestive system. Therefore, women of childb age should not take ZOCOR unless it is highly unlikely they will become pregnant. If a woma become pregnant while taking ZOCOR, she should stop taking the drug and talk to her doctor at onc active ingredient of ZOCOR did not cause birth defects in rats at 6 times the human dose or in rab 4 times the human dose.

Nursing Mothers: Drugs taken by nursing mothers may be present in their breast milk. Because potential for serious adverse reactions in nursing infants, a woman taking ZOCOR should not b feed. (See WHEN ZOCOR SHOULD NOT BE USED.)

Pediatric Use: ZOCOR is not recommended for children or patients under 20 years of age.

SIDE EFFECTS

Most patients tolerate treatment with ZOCOR well, however, like all prescription drugs, ZOCOR can side effects, and some of them can be serious. Side effects that do occur are usually mild and l ived. Only your doctor can weigh the risks versus the benefits of any prescription drug. In clinica ies with ZOCOR, less than 1.5% of patients dropped out of the studies because of side effects. In a long-term study, patients taking ZOCOR experienced similar side effects to those patients taking p (sugar pills). Some of the side effects that have been reported with ZOCOR or related drugs are below. This list is not complete. Be sure to ask your doctor about side effects before taking ZOC to discuss any side effects that occur.

Digestive System: Constipation, diarrhea, upset stomach, gas, heartburn, stomach pain/cr anorexia, loss of appetite, nausea, inflammation of the pancreas, hepatitis, jaundice, fatty changes liver, and, rarely, severe liver damage and failure, cirrhosis, and liver cancer.

Muscle, Skeletal: Muscle cramps, aches, pain, and weakness; joint pain; muscle breakdown,

Nervous System: Dizziness, headache, insomnia, tingling, memory loss, damage to nerves c weakness and/or loss of sensation and/or abnormal sensations, anxiety, depression, tremor, l balance, psychic disturbances.

Skin: Rash, itching, hair loss, dryness, nodules, discoloration.

Eye/Senses: Blurred vision, altered taste sensation, progression of cataracts, eye muscle weak

Hypersensitivity (Allergic) Reactions: On rare occasions, a wide variety of symptoms hav reported to occur either alone or together in groups (referred to as a syndrome) that appeared to be on allergic-type reactions, which may rarely be fatal. These have included one or more of the follo severe generalized reaction that may include shortness of breath, wheezing, digestive symptoms, a blood pressure and even shock, an allergic reaction with swelling of the face, lips, tongue and/or thro difficulty swallowing or breathing, symptoms mimicking lupus (a disorder in which a person's im system may attack parts of his or her own body), severe muscle and blood vessel inflammation; bl various disorders of blood cells (that could result in anemia, infection, or blood clotting proble abnormal blood tests, inflamed or painful joints, hives, fatigue and weakness; sensitivity to sunlight chills, flushing, difficulty breathing, and severe skin disorders that vary from rash to a serious bu shedding of skin all over the body, including mucous membranes such as the lining of the mouth

Other: Loss of sexual desire, breast enlargement, impotence.

Laboratory Tests: Liver function test abnormalities including elevated alkaline phosphatase and bin, thyroid function abnormalities.

NOTE: This summary provides important information about ZOCOR. If you wou more information, ask your doctor or pharmacist to let you read the professional la and then discuss it with them.

MERCK
West Point, PA 19486

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BAPTISM BY FIRE

Continued from page 42

crib at midnight, I knew there was nowhere else to go with pain and doubt this deep. I bowed my head and asked god to keep my beautiful daughter safe through the night, hoping that my tenuous little lower-case g would somehow be enough.

When morning broke, I hugged the day nurse. No fever all night. We would be going home soon.

"Good morning," said a familiar voice. I turned to find Dr. Vasquez.

"Come to see us off?" I chirped.

"Heather, we've decided to transfer Remy to UCLA. Dr. Peacock can see her over there. You'll be transported by ambulance as soon as a bed opens up."

I rode the elevator down to the lobby. In the corner near the exit was a chapel. I approached the rail, but did not kneel. What would I say? For the first time in my life I regretted cheating on my confirmation exam. I knew the Lord's Prayer—most of it—but that seemed a little general. I looked up at the cross. I held my breath. I bowed my head and thought solemn thoughts. But I didn't feel god's presence. I was just going through the motions, covering my bases. I left as depressed and terrified as when I came in.

We moved Remy to UCLA at about nine that night. The next afternoon, Dr. Peacock swept into the room, a large manila envelope in his hand. "I've had a chance to review the MRI," he said. "Your daughter has a cystic lesion that must be removed."

Yes, I knew that part, okay.

"It's extraordinarily deep."

A thick, tinny buzz swarmed my head, threatening deafness.

"The surgery is extremely difficult," he continued.

"The lesion is very small, but it's right next to the brain stem."

Brain stem, brain stem . . . What do I know about brain stems? Something about paralysis—

"I am almost certain it is benign, but the only way to be one hundred percent sure is to take it out and have it examined."

So it could be cancer, he's saying. It could be cancer.

The plan was to put Remy on a very high dose of acyclovir for three weeks, to eliminate the possibility of herpes. I was to administer the IV medications at home. In the mind-numbing exhaustion of these round-the-clock vigils, I lost all perspective. Then, on the fifth day home, Remy spiked a fever and the bottom fell out. On top of performing medical procedures for which I felt inadequately prepared, the doctors told me to assess her condition and bring her in if I thought it was appropriate. I dropped my head to my hands in despair. *I am alone.* Graham was next door playing with a neighbor. *I am totally alone.* Lon was rocking Remy to sleep. *I am utterly and completely alone. And I am so very tired.* The words knocked me out flat. I succumbed to the maelstrom. *You win.*

For several moments, I didn't move a muscle. Then I rose, clearing a dish, collecting stray socks, drifting through the tasks at hand, utterly and completely void.

"All quiet."

"Mm," I said. I did not ask if Remy fussed when he rocked her, if the skin around the catheter entrance looked okay. I moved robotically through the house, gathering stray toys, checking IV supplies.

"I'm going to get Graham to bed," Lon announced, heading for the door.

Later, we sank exhausted onto the couch, and I disappeared effortlessly into a TV program. I felt no urge to check on Remy. No irresistible train of thought careening off into morbid possibilities. It was almost like any other Friday. Almost, but not quite. There was a feeling, leaning quietly, like a stranger in the doorway. I had to sit up just to identify it.

Happiness? No. It smiled like happiness, but it didn't skip and wriggle and fly off in giddy loop-de-loops. Contentment? Not exactly. It was more glowing, less flat. Peace? Hmm . . . I was not as familiar with that one. Peace, as in calm. Peace, as in the absence of fear or anxiety.

So this is peace.

Remy slept through the night. In the morning, she was bright-eyed, with reassuring green gunk oozing from her nose. A cold. Life resumed, but not like before. After that night of pure, unmistakable grace, I no longer walked on the wire; I was carried, my feet brushing the surfaces of the day like a whisper, gliding steadily above the fray.

On Sunday morning I went to church alone. Shortly after Pastor Ken greeted the congregation, he invited us to reach out to a neighbor, to exchange the peace of the Lord. Peace of the Lord? Peace. Oh my gosh . . . is that what this is all about? This is God. This is His presence. It had nothing to do with rules. It had no pleasures to revoke, no conditions. It knew me well. Every flaw, every hurt, every good intention. It was not a group activity. It was a gift from God to me. I had never felt anything so deeply, or with such certainty. *(continued)*

LHJ BOOK BAG



Through a special arrangement with Bantam Doubleday Dell, Heather Choate Davis's book, Baptism by Fire, recounting her experiences with her daughter, Remy, and the power of faith, is available to *Ladies' Home Journal*® readers. This 288-page hardcover sells for $28.95, which includes shipping, handling and applicable sales tax.

To order, send your name and street address along with a check or money order to: *Ladies' Home Journal* Book Club, P.O. Box 9381, Des Moines, IA 50306-9381. Credit card users may call 800-763-6393. Please

Eleven days after our return home, it was definitive: Remy did not have encephalitis. Now Lon and I sat in an exam room as Dr. Peacock explained the surgery. "This is where Remy's lesion is," he said, making a dark blue swirl on a pad.

"And you can't touch the brain stem, right?" I asked. "Because she'd be paralyzed."

"Yes," he said.

He talked briefly about the risks common to all surgeries, then launched into the details of the procedure. I struggled to follow. Then suddenly I heard words coming from my mouth. "God has given you beautiful hands to save the babies with."



Dr. Peacock didn't bat an eyelash. "And that is who deserves all the credit. If you want to help, I need your prayers. Lots of them."

That night I began to pray. I still didn't know if there was some official way to pray, but I used the time to talk with God about my own struggles and weaknesses, to thank Him for a lifetime of good and great things, to ask for guidance in fulfilling His calling for me. And then I would remember, "Oh, yes—please, God, watch over my little girl now and throughout her surgery, and keep Dr. Peacock's hands steady and . . ." The words would always trail off, because it was clear to me: All is well. Move on.

For those ten days that bridged the moment of grace to the moment of knowing the outcome, I felt more relaxed, more joyful, than ever before.

I expected the hours Remy was in surgery to crawl. I expected to gnaw on the flesh on the inside of my mouth and pace. Instead, I found myself at breakfast with Lon, devouring pancakes, weaving conversation out of memories and inside jokes. There was nothing left to do. We had been delivered into the hands of the surgeon who had pioneered this very surgery. Today God and Dr. Peacock would carry the burden. It was out of *our* hands.

Nevertheless, when I ran into one of the assistant surgeons from Remy's OR four hours after she went in, my blood turned to ice. "What are you doing up here?" I said, my voice like a clenched fist.

"I'm getting some lunch."

"In the middle of surgery?"

"We have to eat."

I'd never thought about that. "Well, how's it going in there?"

"Fine. They're looking at the tumor."

The word *tumor* split open my peace of mind like a pickax. I pictured Remy all alone, strapped to a table, with her brain all chopped up while the gang went out for fajitas. No. God is with them, with Remy and with Dr. Peacock. He's never had a bad outcome. Calm . . . peace . . . peace of the Lord.

Still, I couldn't pass the time awake. I curled up like a potato bug in the plastic box-frame chair and buried myself under a blanket. At 2:10, I woke to hear a hushed voice across the bustling lobby say, "The Davises?" I fumbled to a stand.

"It's out. It's all over. She did beautifully," said Dr. Peacock, his face glistening and flushed.

"Oh my God, oh my God. It's out, and she's fine?" Then I realized Lon was not there. The nurse said he'd gone out for air.

I found him stretched out on an enormous elevated utility box, soaking up the sun. "It's all over!" I sang out. "She's fine." I lay down beside him on the hot cement. He pulled my hand across his chest, smiled his slow, easy smile and said simply, "I knew she could do it."

"Your daughter has a lesion right next to her brain stem," said Dr. Peacock. "It's extraordinarily deep"

Our family crisis was magnificently simple. One bug brought on a temperature that triggered a seizure that lasted just long enough to cause some paralysis, just enough to look further, just enough to find the tumor. We were blessed to have switched, only months before, from a tight-fisted HMO to one that handled every step with astonishing professionalism, care and uncompromising coverage. Through them, it was one easy step into the hands of Dr. Peacock, a surgeon others traveled continents to see.

Remy was baptized a month after the surgery. I remember hearing only one sentence of the entire sacrament. "Remy was doubly blessed," Pastor Ken said, addressing the overflowing church, "having been healed by the hands of a great Christian surgeon, and having been born into the arms of a great and loving Christian home." I stopped dead in that moment and realized he was talking about us.

I moved out through the congregation, through the wide-eyed children who had prayed every week for the baby with a problem in her brain. I was approached by new mothers who looked both delighted and wary, by old men who had done their time in hospital waiting rooms. I was embraced by women who, without ties or hesitation, had sent us cards and casseroles. I was grateful to have a place in all of their lives. Church, as I have been blessed to discover, is not boot camp. It's a place to practice becoming a human being. ●



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[illegible] about [illegible] problems

"My Secret Lover"

We have brief but intense weekend encounters. And believe me, they're the best thing I ever did for my marriage. By Melinda Marshall



For ten years now, I've been having an affair—sshh!—with a married man. We've met in dusky bars and candlelit restaurants, in darkened movie theaters and sunny parks, in business hotels nearby and seaside resorts in the south of France. I've snuck out midday to make the most of a lunch hour with him; I've called in sick at work to join him for a day of skiing. Two or three times a year, we steal away for an entire, glorious, unforgettable weekend together.

I wouldn't give up this guy for anything. The handy thing is, I don't have to. Because when he isn't wooing me with wine and roses and hotel rooms, he's father to my three children. Yup: This married man I've been seeing is married to *me*.

So what's the difference between date and mate? Darn near everything. Men and women engaged in an affair see and hear and smell and touch each other, so they dress with care, anoint themselves with designer scents, pluck out offensive mole hairs and say things like, "I love it when you wear no underwear." Husbands and wives, on the other hand, cultivate a kind of oblivion toward each other, so as to protect themselves from sights too awful to bear, smells too vile to describe, conversations too trivial to repeat. My husband doesn't fix his gaze on me in the morning anymore, but that's a good thing, because he'd probably be turned to stone. And if he tunes out much of our conversation, that's because a lot of it is brain-damaging in content (e.g., "Why is the garlic salt in the bathroom?"). For my part, I like to think I've kept our marriage intact by never noticing his gym bag by the washing machine, because if I unzipped it, I'd have to be resuscitated.

Yet if we spun out our days in this practiced oblivion, I firmly believe that sooner or later one or both of us would be driven to cheat. We'd look for someone who made us feel the way we did before marriage and mortgage and kids sandbagged us into our current numbness. We'd look for someone who made us feel witty and funny and sexy. We'd look for someone kinda like—no, just like—our mate before he or she became our mate.

Hence our affair with each other. Every week, without fail, Ken and I date premarital versions of ourselves—people who will not discuss upcoming dental procedures, strange diaper rashes, soccer practice schedules or transmission trouble—and we do not break out of character.

Naturally, this is easier said than done. I, for one, no *(continued)*



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longer look like that bursting-with-flavor babe my hus band took to Latin nightclubs ten years ago. I also find terribly hard to converse on topics worldly and wis when I've just spent the preceding hour helping a six year-old glue glitter onto all of her barrettes. And I mus admit, I've almost totally lost the knack of dressing fo undressing: White cotton panties are perfect for every oc casion, if you ask me.

But since my marriage is at stake, I'll go to the ex pense and effort necessary to sustain an affair. That i

Unlike wives, mistresses regard dinner as a kind of foreplay

I'll hire a sitter. Like any working mom, I feel prickles guilt putting the kids in yet more child care, but I'd fe even guiltier if they wound up with divorced parents. spring for the sitter, Ken makes reservations, and we to through the week a little more lightheartedly, knowing reprieve is just around the bend.

Date night entails its own rituals. First, I dress to loo different. Since I normally look as though I'm prepare to clean the oven, for our dates I don a dress tha clings to me like I was dipped in it, or whose cut revea more of me than anyone's used to seeing. I fix my hai reacquaint myself with makeup, wear jewelry that actua ly matches and slip into heels. If the baby-sitter gasp when she lays eyes on me and the kids burst into tears, know I've succeeded in transforming myself.

I also spritz on perfume. Perfume, let us not forge works on the most basic of levels, because it registers i the most primitive part of our brain. It's suspected tha we humans, like bees, put out pheromones, but the bil board effect (*Hey! Over here!*) of perfume is undeniabl I don't drench myself, though. Scent should work like dog whistle: imperceptible, yet irresistible.

If at all possible, Ken and I arrange to meet at ou destination rather than head out of the house togeth er. Weeknights after work lend themselves to th strategy far better than weekends, and crowded ba are by far the best rendezvous setting. There's som thing about waltzing into a dimly lit room full unattached people and having your man—*your* man get an eyeful before homing in on the seat he's save It's filled with mystery and anticipation. I take n time getting over to that barstool. That way, Ke can't help but really notice me, and notice all th other guys noticing me, which they do, because I w

them to. I've dressed and perfumed myself for an audience, and I'm walking onstage now to perform my role as Mistress.

Mistresses act differently from wives in two key ways. (Well, probably three, but we need only discuss two.) One, they're not ashamed to display their affection publicly, because they know men get off on being made the object of desire in front of the competition. Not that they grope: A hand on his thigh, a toe grazing his ankle, a nuzzle to his ear . . . a subtle invasion of his personal space is enough. Two, they regard dinner as a kind of foreplay, something to draw out for an entire evening with wine and conversation and lingering looks and spoonfuls of dessert exchanged over coffee.

I follow the mistress script to the letter. I wouldn't want to be perceived as a wife, because wives eating out with their husbands—ever notice?—just eat. There's no touching, there's no talking and there's certainly no lingering: When the food arrives, they hunker down as though their lives depended on an uninterrupted sequence of fork to mouth. It's as if they've decided there's nothing to say because they already know everything there is to know about each other.

Now, I know my husband pretty well. We're well past those initial, thrilling "discovery" dates, where every new revelation fosters, rather than fractures, feelings of intimacy. Yet that is precisely the challenge of our current affair: Knowing all that we do, can we find subtler layers to peel back, to expose even more compelling mysteries? I look at these dates with Ken as an archaeologist would look at an ancient city laid bare: The structure's been uncovered, but the real treasure awaits the digger who's willing to work with a toothbrush.

That ongoing discovery process is the real point of these intramarital dates. Where you go, what you do, doesn't matter except that you make plans to be alone and observe enough protocol to not lapse into habitual roles. Ken and I don't always go out, for instance; a nursing baby or lack of a sitter has kept us home on many a date night. But that doesn't mean the date's off: On the contrary, we find an appropriate stage (the living-room floor, in front of a fire), rely heavily on props (candlelight, music, a video), help each other get into character (a shared bath with bath oil) and dress in costume (robes and lingerie optional). We do not answer the phone. If the children wake up, we sedate them.

Well, okay—we don't *sedate* them. Kids do, in fact, have an infallible radar when it comes to detecting non-parental moments between their parents, and more than one of our home flings has, shall we say, been torpedoed. But that's the beauty of dating your spouse: You're married, so you can laugh about these calamities and plot a new attack. I knew a couple who, ten months after baby's arrival, had yet to do anything—anything—as a duo, maintaining that, what with the infant sleeping in their bed, and the expense of a sitter, and

continued



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ntinued

e constancy of the nursing, dating as out of the question. Let me tell u, ten days after the birth of my st child, I went to see *Good Morn-g, Vietnam* with Ken. I was a most attractive date: Before the previews d finished, I'd soaked my blouse in east milk (total letdown reflex at the ere thought of my newborn's open outh) and, by the time we left, I'd et my pants (postpartum incontinence). But the message I wanted to id was sent: The relationship shall remain primary. Everything else—kids, jobs, friends—will fall into place.

If that statement was important then, it's even more critical we make it to each other now, on a weekly basis—now that we have three children depending on the durability of our bond. Of course, they unwittingly sabotage it: We can't cuddle on the couch without bodies piling up beside us, can't sneak a nap without our seven-year-old checking up on us, can't spoon on Saturday mornings without hearing the wail of our toddler. But that

cheat on these poor beleaguered parents. They have to observe, as married people,

dious rituals. It's our duty to



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3 ways to avoid a tax audit



An audit notice from the IRS can send even the most meticulous taxpayer into a panic. To steer clear of trouble, consider this advice from Beanna Whitlock of the IRS Commissioners Advisory Group:

• You're more likely to get audited if you make under $10,000 a year. The IRS is looking hard for unreported compensation, or inflated expenses that lower earnings, says Whitlock. To avoid suspicion, submit a statement explaining why your income is low—say, if you work part-time—with Form 1040.

• Employees who use their own money to purchase business equipment related to their jobs—like a home computer—cannot claim a deduction. Unless your boss required the purchase and didn't reimburse you, the IRS won't let you write it off.

• Don't expect a tax break on educational expenses until July 1998. While some job searching costs are deductible, classes taken to reenter the job market or to qualify for a new profession are not.

—Janine S. Pouliot

BOND BASICS

On a trip to the bank, you open your safe-deposit box and discover a savings bond you received as a high-school graduation gift. The buyer paid half of its face value when he purchased it however many years ago, but what is it worth today, and should you cash it in? A quick call to a bank will tell you the bond's current worth, but for the kind of detailed information you need to determine whether or not to hold on to your asset—for instance, the rate of interest it's currently earning, the date when interest rates will next be adjusted (this happens twice a year) and the date when the bond will cease to mature (typically 30 to 40 years after its issue date)—you'll need to do some serious sleuthing, or use a valuation service. The Savings Bond Informer (800-927-1901) and The U.S. Savings Bond Consultant (800-717-2663) provide quick, easy-to-read statements listing your bond's current worth, current interest rate, and the dates of the next and the final interest payments. Fees begin at $12 for one to twenty bonds. All you have to send is the bonds' series, face value and issue date.

—Heather Camiot

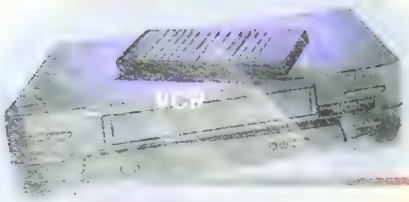
HOW MUCH SHOULD YOU SPEND?

Are the extra features really worth the extra cash when you're shopping for home electronics? Here's what the experts told us. —Arricca Elin SanSone

CORDLESS PHONE

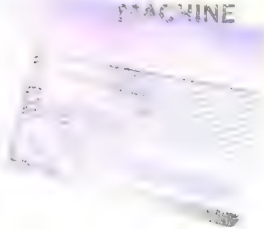


Models with ten or twenty-five channels are relatively inexpensive ($50*), but your call may be overheard by others vying for the same channel. Generally, 900 MHz analog and digital phones ($100) give increased security, range and clarity. **Best Bet: The more expensive digital 900 MHz spread-spectrum phones ($130), which offer top range and clarity, and constantly channel-hop for you.**



New features such as front-mounted audio-video dubbing plugs (for easy camcorder and tape dubbing access), on-screen programming prompts (for simple set-up) and VCR Plus+ (for easy recording) are just some of the bells and whistles on recent models, driving the cost up as high as $450. **But these items have little to do with the quality of the picture image, which is generally determined by the number of heads. Best Bet: Consider how you use your VCR, then purchase a unit with only the features you need.**

ANSWERING MACHINE



Machines that record messages on tape are inexpensive ($29) and very easy to operate. Digital models ($37 to $100) store your voice on a computer chip, which provides more options like instant access to specific messages (without having to listen to them all), and the ability to save and delete with the push of a button. **Best Bet: Unless you need the fancy features, stick with tape models, which offer better sound quality than inexpensive digital machines.**

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The friendship club

It's the one thing women need most, but often don't have time for—GIRLFRIENDS. Why are so many of us missing out on this vital connection? We asked the real experts—women themselves. By Anne Taylor Fleming

Despite their full lives and full schedules, American women are lonely. That was the most surprising finding in *Ladies' Home Journal*'s groundbreaking American Woman Survey. Sixty-six percent of the women who answered our poll said they were too busy to keep up with old friends or too isolated to make new ones. As a result, they felt cut off from other women.

It's no wonder. Friendship for women is a joy and a refuge, the place you go to complain—about kids, husbands, jobs—or to celebrate—a promotion, a pregnancy, a child's achievement—or just to chat. The hunger for friendship in our complicated lives is apparent. Witness the unexpected popularity of the book *girlfriends* (Wildcat Canyon Press, 1995), which has been on the best-seller list for months.

To find out why so many women have lost this vital relationship, the [illegible] start something [illegible]dship Club. Through a daisy-chain process, I gathered together five other women—each of us had invited one friend the others didn't know, and over the course of four meetings, talked about friendship and its rewards and challenges. What resulted was a lively and thoughtful discussion—and in the process, the six of us became friends ourselves. Here, the surprising—and provocative—truths the women revealed.



Even though the Friendship Club members were largely strangers, it didn't take long before we were

MEETING #1: THE NEW LONELINESS

Why are women so lonely? That was the first question I asked the Club members as we shared what came to be our standard meeting meal: pizza, diet soda, white wine.

We decided that the isolation of women could largely be traced to the changes in society over the last few decades. As women's lives have become richer in opportunity, they've also become more hectic. And when something has to give, friendships with other women are often the first to go.

"I'm stretched too thin," said Hope Boonshaft, forty-seven, an executive in Los Angeles, who is divorced and recently remarried. "Sometimes I miss a birthday or forget to return a call. My friends have to understand."

"It's difficult for me, *(continued)*

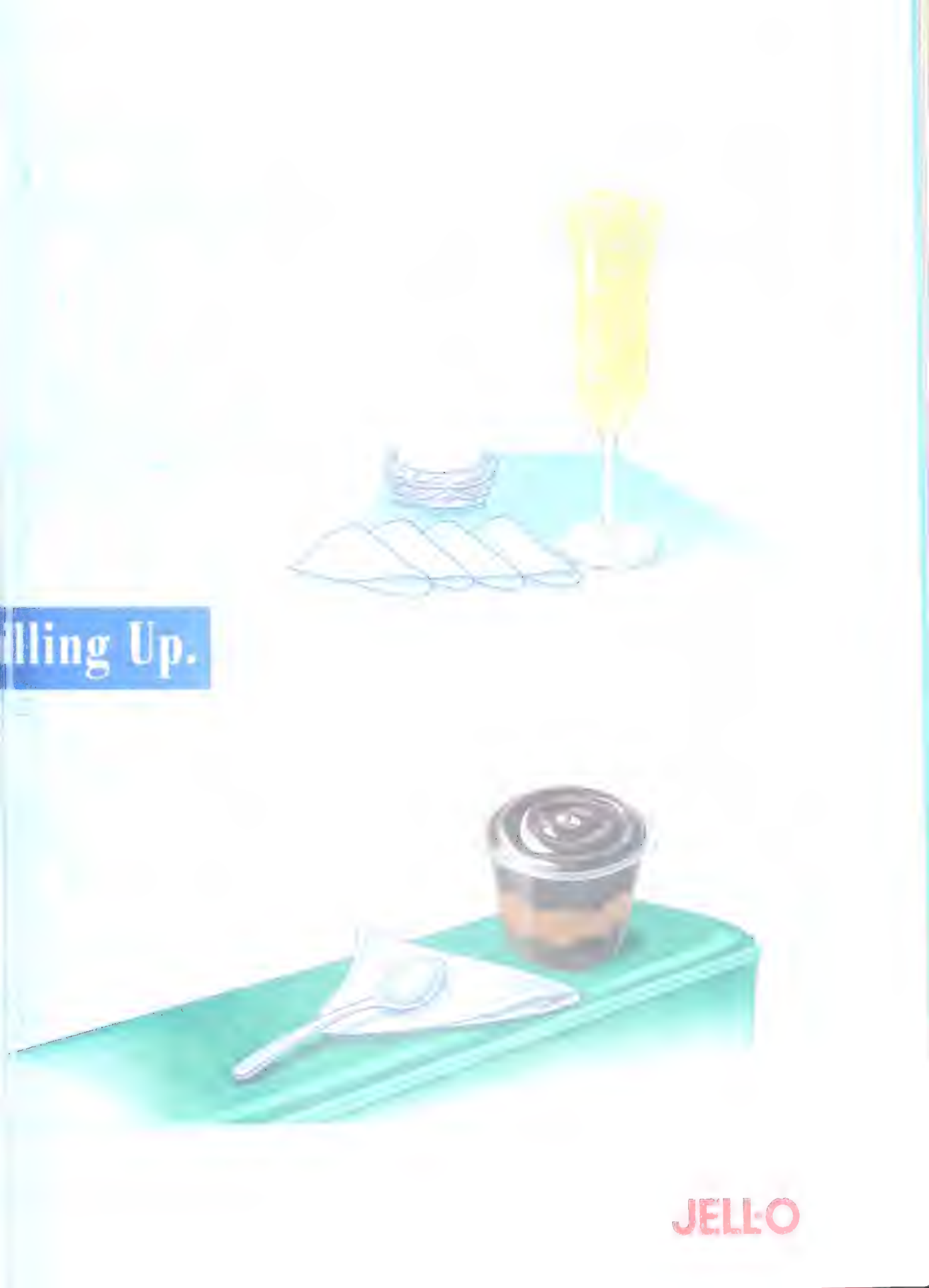
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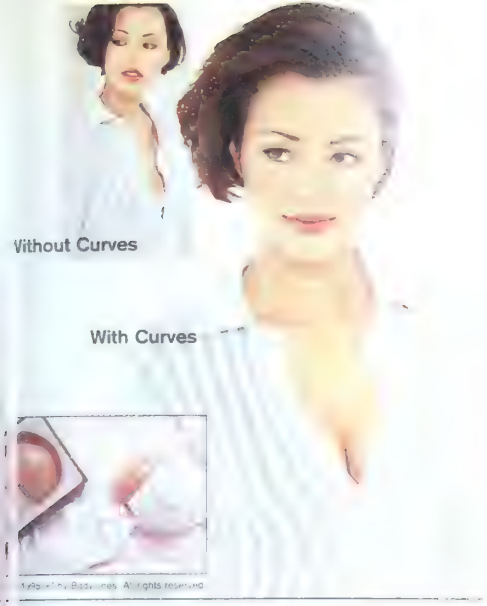


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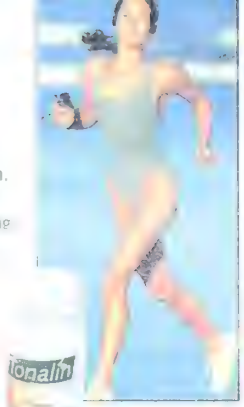


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too," agreed Amy Schmidt, thirty-one, an assistant movie director. "I go through periods when I don't see some of my friends for months because we're all so busy."

But lack of time is only part of the problem. Competition among women is also a culprit. "I was the loneliest at work," said Melody Brown, thirty-seven. A mother of a one-year-old, Melody had just quit her job at an accounting firm and she and her husband were about to move to Virginia to help care for his elderly mother, who has Alzheimer's disease. "At the office, you never knew who your friends were. There was so much back-stabbing."



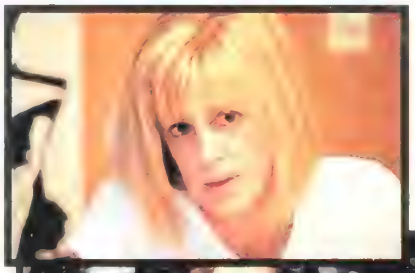
"I was the loneliest at work," said Melody. "You never knew who your friends were. There was so much back-stabbing"

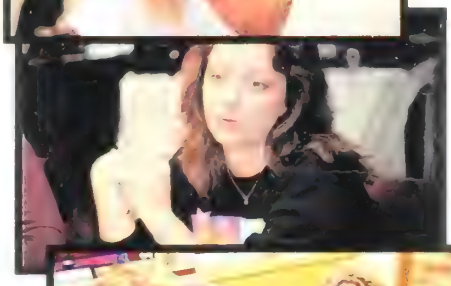
"I worked in a large corporation for many years, and I did put my trust in several other women," added Linda de Martinez, fifty, a divorced mother of identical fifteen-year-old twin girls, who owns her own business. "Something I said was used against me in a conversation with higher-ups, and I didn't get the position I was supposed to get. I felt betrayed."

For stay-at-home moms, the sense of being cut off can be equally strong. "I feel isolated," said Laura Rubinstein, thirty-five, who quit her job in retail management to care for her ten-month-old. "People say I'll make my real friends among the other mothers, but that hasn't happened yet. I don't like those mommy groups because the women seem competitive about their children."

What began to be clear in all that we said is that the biggest underlying deterrent to friendship is that women are now leading such complicated and often different lives. Unlike our mothers, we don't follow the predictable pattern of marriage, children and home. Thus, women of the 1990s may have little in common with their contemporaries. Even close friends can find their relationship strained when one undergoes a significant life change. "I have a lot of single friends, and when I had the twins, there were periods when we didn't see each other that much," says Linda. "I felt isolated."

As our first meeting came to a close, we felt giddy and optimistic about our own fledgling friendship. But we also realized that the whole topic was more complicated than at first glance. Not only was friendship about women's lives and full schedules, it was also about the things we allowed to divide us from one another.









After four meetings, we were close enough to share our deepest secrets—and cuddle each other's children

MEETING #2: OUR MOTHERS, OURSELVES

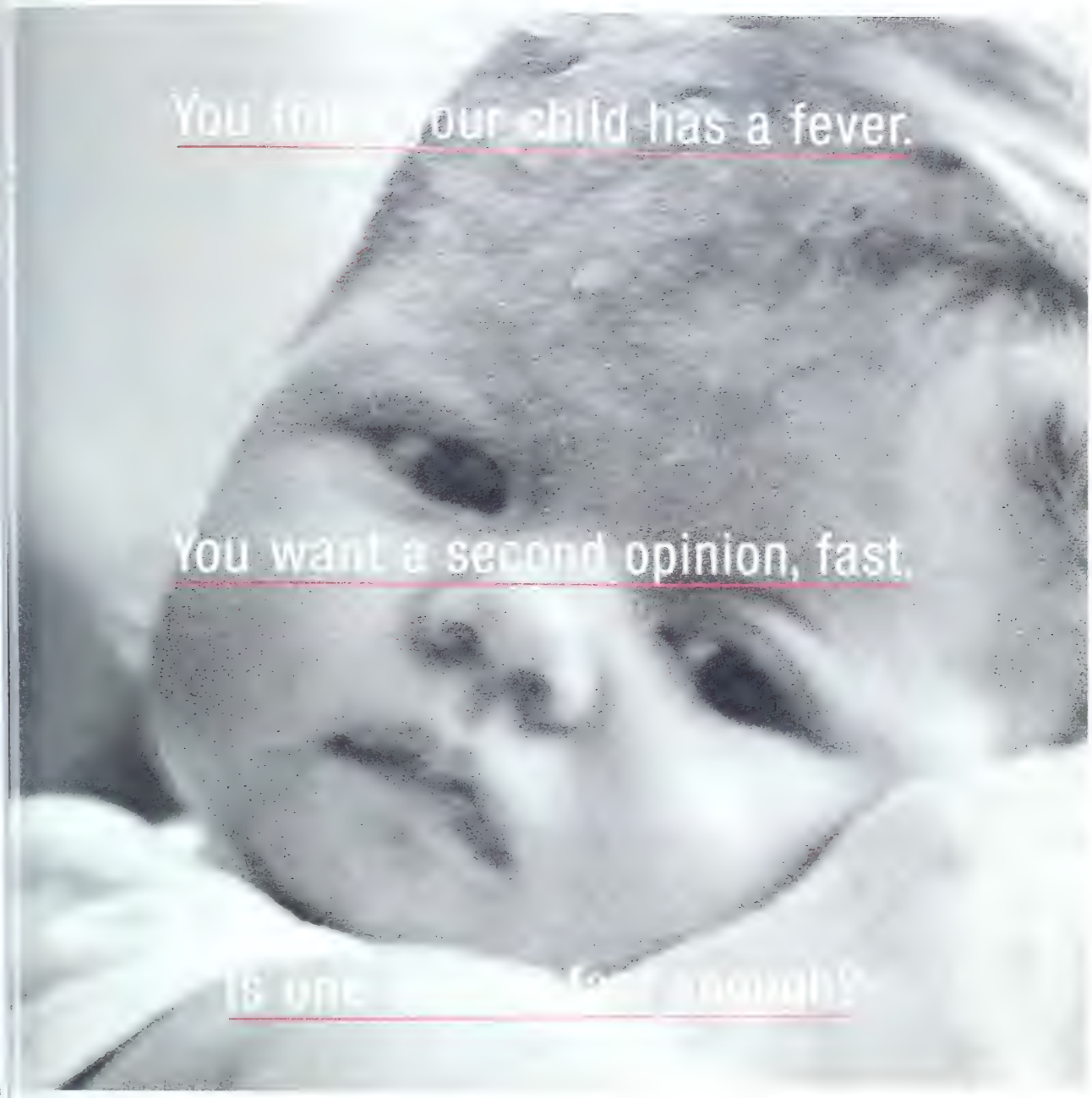
What most determines the way we make friends? Surprisingly, the Club members said it was their mothers.

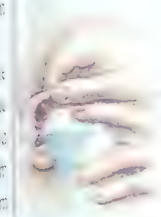
"I had a good role model in my mother," Linda told us as we settled around Hope's kitchen table for our second get-together. "She's kept her friends since she was a young girl. Her best friend introduced her to my father. In our house, friends were very important."

My own mother had been an exemplary role model when it came to friendship. She still had friends from her early days as an actress in New York, and now, in her seventies, was making new ones who were often half her age.

But just as mothers can teach us how to make friends, they can also pass along their insecurities.

"My mother never taught me how to be a joiner because she didn't know how to join," said Melody wistfully. "Now that I'm moving, my biggest fear is how I am going to make friends." *(continued)*





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Amy said that in her family it was hard to learn the skills for friendship. "No one in my family learned to communicate," she explained. "We kept everything inside."

Laura was nodding sympathetically. Her parents, she said, had also taught her to hide her feelings. "My parents said you had to be a virgin when you married, so the guys in high school talked about me being a prude and the girls thought I was a tease," she told us. "In college I joined a sorority, which is the most judgmental place. So I'm scared to reveal myself to other women. It's the thing that has kept me from having special relationships."



"You can't expect one friend to fulfill all your needs. You have to find different people and pick who you talk to about what"

But Hope's story was the most poignant. "My mother had a total problem with intimate relationships," she said. "As soon as somebody said something she didn't like, she cut her off. I am very sensitive to that. When she died in 1988, I went through a thing where I rid myself of people who were unhealthy for me, and who duplicated the worst aspects of my relationship with my mother."

Despite their mothers' influence, Laura and Melody were trying to set aside their fears about friendship.

"It's easier for me to make friends now," said Melody, "because now I don't care what anybody thinks."

Laura nodded. "I'm getting better at it, too," she noted. "Now I want to get in touch with people from my past. I really want them to know who I am, flaws and all."

MEETING #3: DIFFERENT NEEDS, DIFFERENT FRIENDS

By our third meeting, we were chatting easily as if we'd known each other for years. There was a great freedom in our little Club, a sense of safety. We had learned that we could open up and speak freely. Which brought us to our next topic: Do we need different kinds of friendships in our lives?

It became obvious as everyone began talking at once that friends most definitely came in different flavors. And that it took a delicate, ongoing calibration to know which vulnerabilities you could bare to which friend.

For instance, when I went through a long period of infertility and was unable to have children, I told various friends different versions of the story. For some, I packaged the ordeal as humorous. Others I didn't tell much at all because that wasn't the kind of thing we revealed to each other. To my very oldest friends, I said practically nothing—they could hear my heart breaking over the phone.

Linda said that her friends fell into different categories. "With my oldest friends, there isn't anything we can't talk about," she explained. "But with others, they fulfill specific needs. If I want a good laugh, I know whom to call. And if I want to talk something out, I'll call my friend who is a therapist."

"You can't expect one close friend to fill all your needs," Hope chimed in. "I don't talk to my younger women friends about perimenopausal stuff because they're not there yet. You pick who you talk to about what."

Women also have different friends for the different roles they juggle. "I have personal friends, professional friends, women I have dinner with and women I shop with," said Laura. "But my husband is really my best friend."

Ah, men. We'd hardly talked about them in our three meetings.

"I think that men are more receptive to talking about sensitive issues, and women are more accepting of what their husbands' needs are," said Laura. "My husband and I try very hard to talk things through."

Melody added that her husband was her best friend, too. And that brought up an interesting question: If husbands are better friends these days, do we need fewer girlfriends?

My husband was much more of a friend than he had been when we married twenty-five years ago, I told the group. Still, I treasured my female friends. There was a sympathy of the flesh, of shared experience that was irreplaceable.

"That's true," Laura said thoughtfully. "When I need a woman to talk to, I'll usually call my mother or my sister. I guess I would have to say that my sister is my closest female friend."

Of the group, Laura, Amy and I all had very close sisters. And the four of us who were married had husbands we would call close, if not best, friends. In short, if we were representative, women were finding friendship within their families and marriages, which sometimes left them less time for outside friendships. Progress and loss—they often came together, we agreed.

MEETING #4: THE CHALLENGES OF FRIENDSHIP

At our final session of the Club we were finally ready to tackle the difficulties of friendship and the deep pain involved when an old relationship comes apart. This wasn't an easy business, being a friend. It required *(continued)*

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(metronidazole topical cream)
Topical Cream, 0.75%

Rosacea therapy that works.

Galderma Laboratories, Inc. 1997 Please see next page for important product information.

MetroCream
(metronidazole topical cream)
Topical Cream, 0.75%

FOR TOPICAL USE ONLY
(NOT FOR OPHTHALMIC USE)

INDICATIONS AND USAGE:
METROGEL Topical Gel and METROCREAM Topical [illegible] indicated for the treatment of inflammatory papules and pustules of rosacea.

CONTRAINDICATIONS:
METROGEL Topical Gel and METROCREAM Topical Cream are contraindicated in individuals with a history of hypersensitivity to metronidazole, parabens, or other ingredients of the formulations.

PRECAUTIONS:
General:
Topical metronidazole has been reported to cause tearing of the eyes. Therefore, contact with the eyes should be avoided. If a reaction suggesting local irritation occurs, patients should be directed to use the medication less frequently or discontinue use. Metronidazole is a nitroimidazole and should be used with care in patients with evidence of or history of blood dyscrasia.

Information for patients:
These medications are to be used as directed by the physician. They are for external use only. Avoid contact with the eyes.

Drug interactions:
Oral metronidazole has been reported to potentiate the anticoagulant effect of warfarin and coumarin anticoagulants, resulting in a prolongation of prothrombin time. The effect of topical metronidazole on prothrombin time is not known.

Carcinogenesis, mutagenesis, impairment of fertility:
Metronidazole has shown evidence of carcinogenic activity in a number of studies involving chronic, oral administration in mice and rats but not in studies involving hamsters.

Metronidazole has shown evidence of mutagenic activity in several *in vitro* bacterial assay systems. In addition, a dose-response increase in the frequency of micronuclei was observed in mice after intraperitoneal injections, and an increase in chromosome aberrations has been reported in patients with Crohn's disease who were treated with 200-1200 mg/day of metronidazole for 1 to 24 months. However, no excess chromosomal aberrations in circulating human lymphocytes have been observed in patients treated for 8 months.

Pregnancy: *Teratogenic effects: Pregnancy category B*
There are no adequate and well-controlled studies with the use of METROGEL Topical Gel or METROCREAM Topical Cream in pregnant women. Metronidazole crosses the placental barrier and enters the fetal circulation rapidly. No fetotoxicity was observed after oral metronidazole in rats or mice. However, because animal reproduction studies are not always predictive of human response and since metronidazole has been shown to be a carcinogen in some rodents, this drug should be used during pregnancy only if clearly needed.

Nursing mothers:
After oral administration, metronidazole is secreted in breast milk in concentrations similar to those found in the plasma. Even though blood levels with topically applied metronidazole are significantly lower than those achieved after oral administration, a decision should be made whether to discontinue nursing or to discontinue the drug, taking into account the importance of the drug to the mother.

Pediatric use:
Safety and effectiveness in pediatric patients have not been established.

ADVERSE REACTIONS:
In controlled clinical trials, the total incidence of adverse reactions associated with the use of METROCREAM Topical Cream was approximately 10%. Skin discomfort (burning and stinging) was the most frequently reported event followed by erythema, skin irritation, pruritus, and worsening of rosacea. All individual events occurred in less than 3% of patients.

The following adverse experiences have been reported with the topical use of metronidazole: burning, skin irritation, dryness, transient redness, metallic taste, tingling or numbness of extremities, and nausea.

DOSAGE AND ADMINISTRATION:
Apply and rub in a thin film of METROGEL Topical Gel or thin layer of METROCREAM Topical Cream twice daily, morning and evening, to entire affected areas after washing with a mild cleanser.

HOW SUPPLIED:
METROGEL Topical Gel (0.75% metronidazole) is supplied in a 1 oz (28.4 g) aluminum tube - NDC 0299-3835-28 and a 45 g aluminum tube - NDC 0299-3835-45.
METROCREAM Topical Cream (0.75% metronidazole) is supplied in a 45 g aluminum tube - NDC 0299-3836-45.
Storage conditions: STORE AT CONTROLLED ROOM TEMPERATURE: 59° to 86°F (15° to 30°C).
Caution: Federal law prohibits dispensing without a prescription.

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July 1996

commitment, time and forgiveness.

We all admitted that we'd lost friends along the way. I had recently lost two. One had repeated things I'd said in confidence. I knew I wouldn't trust her again, so I simply let things slide, figuring she understood why. The other friend walked out of my life when she walked out of her marriage. No phone calls, nothing. I felt hurt and betrayed. When she tried to reconnect later, I found it difficult.

You had to know when to fight for a friendship, the Club members decided, and that could be daunting. As women, we weren't very good at confronting the people who hurt us, so instead of clearing the air, we allowed resentments to build and friendships to fray.

Linda, however, was the brave one in our group. She confronted not just one but two good friends who had hurt her—with very different results. "Both of these friends said hurtful things about me or my children to someone else," Linda explained. "And in both cases, I confronted them. I lost one friend, but the other heard me and changed her ways. She stopped being such a gossip. The healing took maybe six months, but we remain friends."

Sometimes a crisis can be good for a friendship. I told the group about the time a close friend had brought her three-year-old to my house and let him run amok—knocking things over, bouncing, twirling and shrieking. I didn't say anything, but when she left, I felt awful. She called me that night and insisted that we hash it out. I was never so grateful for a call in my life, painful as it was. We whipped through our history and ended up confirming flat out what we meant to each other, and that nothing could or should come between us. It was a perversely lucky moment when we had to step up and say the loving things friends sometimes don't say.

Just maintaining contact with true friends could be difficult enough, let alone telling them how important they are. Friends are your tribe, group agreed, your extended fam and you had to make the effort stay close. Linda had recently thr herself a fiftieth birthday party invited a number of friends to att some going as far back as fou grade. "I got all my friends toget and we went to this place where paint pottery," she said. "And five or six of us are making it a p to get together every three or months. And I have a handfu friends around the country and now routinely E-mail each other."

As we listened to Linda, we ized that over the course of our meetings, we six had become frie Now the challenge was: Would could we, keep it up?

"I want us to continue in some pacity," said Laura shyly. "It br my heart when I think of how m women I've let go of over the y out of my own insecurities. I d want that to happen here."

We agreed to set a dinner mee a month down the road (we wo include Melody, who would by t be in Virginia, via a conference c and immediately felt the better fo

Later, I thought about what a cess the Friendship Club had b When I had started this assignme had no idea what hungers it wo unearth. And I hadn't quite beli that you could take a disparate gr of women, throw them together have them emerge as friends.

But that's exactly what had pened. And in the process we learned that friendships betw women were hugely important, that we had to fight harder to them afloat. We had to be avail for a good laugh or a good liste we would feel a specific and pa loneliness. However full our li without friends, they were empty the Friendship Club would live o

We want to hear from you
Have we inspired you to start a Friendship Club of your own? If s we'd like to hear all about your experiences. Please write to *Ladies' Home Journal*, Box FC, 1 Park Avenue, New York, NY 100



USA
36 USC 220

Courage On Ice

Their love of ice dancing made Elizabeth Punsalan and Jerod Swallow an Olympic team. Their love for each other got them through a family tragedy. By Shana Aborn

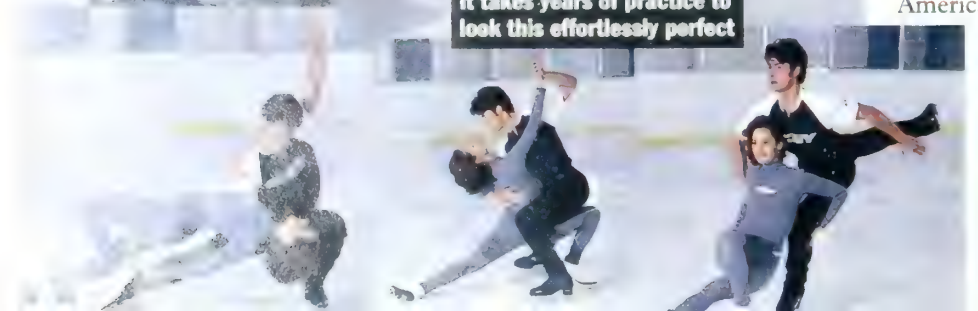
It's a warm fall day in suburban Michigan, but at the chilly rinks of the Detroit Skating Club, you'd never know it. On Rink A, twenty young girls and boys in sweatshirts and leggings practice wobbly sit-spins and single jumps to the eclectic strains of Bizet, Queen and the theme from *Star Trek: Deep Space Nine*.

In contrast, the only music in Rink B is the rhythmic scrape of steel against ice as Jerod Swallow and Elizabeth Punsalan perform a silent waltz, their legs weaving in and out in precise synchronized steps.

Swallow and Punsalan, partners both on and off the ice, aren't cereal-box superstars yet. Still, as four-time U.S. champion ice dancers (favored to win their fifth title by press time), they have plenty to show for their talents—except an Olympic medal. Four years ago, they competed in Lillehammer, but it was a bittersweet moment; just days earlier, their lives had been rocked by a horrifying family crisis.

Now Jerod, thirty-one, and Elizabeth, twenty-seven, will be going to the Olympics in Nagano, Japan, this month with the advantages of maturity, improved technique and, most of all, time to heal.





It takes years of practice to look this effortlessly perfect

In defense of dance

America can't get enough of triple axels: A 1996 ESPN Chilton Sports Poll reports that figure skating is the third most popular sport in the U.S. Ice dancing is a newcomer to the Olympics (it debuted in 1976), but it is still a crowd-pleaser.

Unlike singles and *(continued)*


The stuff
dry dusting
stirs up
is the stuff
that could stuff
you up.
Without It.
pledge

pairs skaters, ice dancers don't use gravity-defying spins and jumps to impress the judges. In fact, they lose points if the partners separate for more than a few seconds, or if the woman is lifted too often or too high. Grace, personality and creativity are the winning elements here, along with the technical ability required of all skaters.

Dancers are judged in three separate events: a set of two compulsory dances (using prescribed music and moves), an original dance (individual choreography to a given style) and a free dance. Elizabeth and Jerod have chosen Elvis tunes for their free routine this year.

To create a total performance, the couple trains with coach Elizabeth Coates and co-coach and choreographer Igor Shpilband. A ballroom-dance instructor, Louis Soma, helps refine their technique and "tell the story," as he puts it. No American couple has won an Olympic medal in the event since 1976, but Coates believes Jerod and Elizabeth have a good chance. "I think they've become more all-around dancers, both technically and creatively," she says.

This pair hopes to leave another significant mark on the skating world. "We'd like to be remembered as a team that made the U.S. more interested in ice dancing," Jerod says. "People have said, 'Well, if you can't be a singles skater, then you go to ice dancing.' Thanks a lot! We're *all* very good skaters. We'd like to change that stereotype."

Full-time partners

Both Jerod and Elizabeth come from families who gave them emotional and financial support as they rose through the ranks. Growing up in Michigan, Jerod took up skating in hopes of becoming a hockey player, then competed in singles and pairs events before focusing on dance. His parents are educators; his father is a former board member of the Detroit Skating Club.

Elizabeth, originally from Ohio, learned independence early. Her father, Ernesto, spent long hours working as a surgeon, and her mother, Theresa, was busy raising five children. At twelve, Elizabeth was discovered at a competition by a coach who, two years later, invited her to train in Michigan for the summer.



The winning team hopes to add an Olympic medal to their collection

Those months stretched into several years, but weekends with her family eased her homesickness.

In 1989, while training in Colorado, Elizabeth was paired with Jerod. "The first *and* second times we skated around the rink, we crashed into the boards!" Elizabeth recalls. Adds Jerod, "We knew right then it was going to be exciting." As their dancing grew stronger, so too did their relationship. They married on Labor Day weekend in 1993.

Any marriage involves compromises—"moving from *I* to *we* was a big adjustment," says Elizabeth—but, she adds, "I think we tend to fight more on the ice than at home."

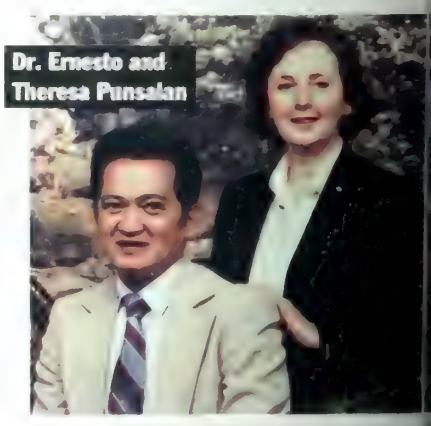
In many ways, they still seem like newlyweds. Their eyes often meet during the interview; their hands touch gently. "I admire Elizabeth's independence, her commitment to family and to me, how strong she's become," says Jerod. Elizabeth has equally high praise for him: "He's very loyal, committed to me and our work, patient, generous, unde standing—all those things you wis you could have in a partner."

The couple has enjoyed mar perks: a trip to the White Hous traveling abroad, costumes designe by Donna Karan. Now that they're the top of their sport, they can live c the money they make from tours ar competitions. But these are just high lights of a career that involves six-da workweeks, long hours deve oping new routines and nur ing strained muscles.

The living room in the cozy house in Pontiac is fu nished with lithographs ar lots of family photos wi not a skating medal or so venir in sight. Jerod ar Elizabeth believe there a more important things tha showing off trophies. "S much of our life is centere around skating that we try downplay [that] side of and just enjoy each other says Elizabeth. "For us, it important to come home family." That lesson mea even more to them now.

Shattered

While the overwrought Tonya-an Nancy spat was dominating Olymp headlines in 1994, a far more trag story was hidden in the back page Early in the evening of February Dr. Ernesto Punsalan was napping the bedroom of his Sheffield Lak Ohio, home when without warnin his twenty-year-old son Ricardo fat ly stabbed him in the chest and a domen with *(continued on page 7*



Dr. Ernesto and Theresa Punsalan



Evelyn Rocco *Antique Dealer*

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Evelyn's always loved selling antiques. She hated the buying part. So many antiques, so many prices, so many antiques with prices. Since she started taking GINKOBA,® she's more focused when she's buying and feels confident enough to wheel and deal with the best of them. GINKOBA'S clinically shown to help sharpen concentration, mental focus and memory by safely increasing the flow of oxygen to the brain.* It contains the only *patented* Ginkgo biloba extract. Clinical evidence says GINKOBA can actually help you think better. Evelyn says it works.

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Read

HEALTH

How to help antibiotics help you.

Have you ever asked your doctor for antibiotics to treat a bad case of the flu? Do you sometimes stop taking your antibiotic prescription once you start to feel better? Or have you ever saved "leftovers" for next time? If so, read on.

Since their discovery more than 50 years ago, antibiotics have been a key factor in fighting bacterial infections and keeping us healthy. If you've ever been diagnosed with such common conditions as pharyngitis, chronic bronchitis, or a middle ear infection, chances are you've taken them. Yet antibiotics remain one of the most misunderstood and misused medications.

The truth is, antibiotics should be taken only when necessary and are effective only when used properly. While only your doctor can determine when you need them, there is much you can do to help. Start by reading these facts, and tips on proper usage.

What is an antibiotic?

Antibiotics are medications that either kill bacteria or stop them from growing. They are most commonly prescribed for bacterial infections, often involving the lungs, throat, or middle ear. Different antibiotics may be used for different types of infections. Only your doctor can determine what infection you have and which antibiotic is appropriate to treat it.

When is it appropriate to take an antibiotic?

Antibiotics only work against bacterial infections. So if you have a viral infection, such as the common cold or flu, do not expect or insist that your doctor prescribe you an antibiotic. Only your doctor can determine the type of infection you have and whether an antibiotic is necessary.

Why are some antibiotics prescribed differently than others?

Each antibiotic has a different chemical structure and this affects the way it works in the body. The specific antibiotic and the type of infection it's being used to treat, determine the number of days and the number of doses per day the antibiotic needs to be taken. Some antibiotics can be taken for 5 days while others are taken for 10 to 14 days. It is important to take the specified number of doses each day for the number of days prescribed by your doctor. Let your doctor know if you're taking other medications, which could interfere with how your antibiotic works.

Why do I have to keep taking antibiotics after I start to feel better?

It's natural to begin feeling better when you first start your prescription, because the antibiotics have begun their job of knocking out harmful bacteria. But just because your symptoms are gone does not mean that your antibiotics have finished their work. If you stop antibiotics before the full course is finished, the infection may not be completely treated. Be sure to take the recommended amount of medication and follow your doctor's instructions carefully.

Remember these tips.

- It's up to your doctor to decide whether you need an antibiotic, and if so, which one.
- Don't insist on a prescription for an antibiotic if you have a viral infection, such as a cold or the flu.
- Don't stop taking antibiotics before you complete your prescription, even if your symptoms are gone.
- Follow your doctor's instructions carefully. Take doses on schedule for the number of days indicated.
- Let your doctor know if you're taking other medications.
- Never share your medication with anyone. If you have any left over, throw it away.
- As with all medications, keep your antibiotics out of children's reach.

Pfizer



Or ask your doctor about Zithromax. Five days and you're done.



If your doctor is prescribing an antibiotic for a bacterial respiratory tract infection such as chronic bronchitis, ask if Zithromax® is right for you.

THE ONLY ONCE-A-DAY FOR FIVE DAYS ANTIBIOTIC.

Unlike other antibiotics, you take Zithromax just once a day for five days. And five days are as effective as ten days of conventional therapy, because Zithromax continues to work for several days after your last dose.

Zithromax is well tolerated. The most common side effects are diarrhea (5%), nausea (3%), and abdominal pain (3%). Although allergic reactions are rare, should one occur, discontinue this medication and contact your healthcare professional. See the brief summary on the next page for complete details.

ASK YOUR DOCTOR IF ZITHROMAX IS RIGHT FOR YOU.

For more information and a free booklet, *[illegible] the doctor?*, call 1-800-579-DAYS.

Zithromax® ONCE DAILY FOR 5 DAYS AZITHROMYCIN

FIVE DAYS AND YOU'RE DONE.

Zithromax

In the treatment of pneumonia, azithromycin has only been shown to be ... acquired pneumonia ... *Haemophilus influenzae*, or *Streptococcus pneumoniae* in patients appropriate for oral therapy. Azithromycin should not be used in patients with pneumonia who are judged to be inappropriate for oral therapy because of moderate to severe illness or risk factors such as any of the following: patients with cystic fibrosis, patients with nosocomially acquired infections, patients with known or suspected bacteremia, patients requiring hospitalization, elderly or debilitated patients, or patients with significant underlying health problems that may compromise their ability to respond to their illness (including immunodeficiency or functional asplenia). Pseudomembranous colitis has been reported with nearly all antibacterial agents and may range in severity from mild to life-threatening. Therefore, it is important to consider this diagnosis in patients who present with diarrhea subsequent to the administration of ...

PRECAUTIONS: General ... with previous ...

Information for Patients ...

... not affect the plasma ... dose. The ... steady-state level of ...

... azithromycin and ... patients treated with azithromycin and ... post-marketing surveillance has been monitored to evaluate potential drug ...

Laboratory Test Interactions: ... Carcinogenesis, Mutagenesis, Impairment of Fertility: ... studies in ...

Pregnancy: ... Pregnancy Category B Reproduction studies have ... ... only if clearly needed.

Pediatric Use (INDICATIONS AND USAGE) ... dosage regimen ...

... the treatment of ...

... were not documented bacteriologically in the pediatric clinical trial due to difficulty in obtaining specimens. Use of azithromycin for these two ... organisms is supported by evidence from adequate and well-controlled studies in adults. Pharyngitis/tonsillitis (dosage regimen: 12 mg/kg on Days 1 to 5): Safety and effectiveness in the treatment of children with pharyngitis/tonsillitis under 2 years of age have not been established. **Studies evaluating the use of repeated courses of therapy have not been conducted. Geriatric Use:** Pharmacokinetic parameters in older volunteers ... therapeutic regimen. Dosage adjustment does not appear to be necessary for older patients with normal renal and hepatic function receiving treatment with this ...

ADVERSE REACTIONS In clinical trials, most of the reported side effects were mild to moderate in severity and were reversible upon discontinuation of the drug. Approximately 0.4% of the patients (adults and children) from the multiple-dose clinical trials discontinued ZITHROMAX (azithromycin) therapy because of treatment-related side effects. Most of the side effects leading to discontinuation were related to the gastrointestinal tract, e.g., nausea, vomiting, diarrhea, or abdominal pain. Potentially serious side effects of angioedema and cholestatic jaundice were reported rarely. **Clinical: Adults:** *Multiple dose regimen*: Overall, the most common side effects in adult patients receiving a multiple dose regimen of ZITHROMAX were related to the gastrointestinal system with diarrhea/loose stools (5%), nausea (3%), and abdominal pain (3%) being the most frequently reported. The other side effects occurred in patients on the multiple dose regimen of ZITHROMAX with a frequency greater than 1%. Side effects that occurred with a frequency of 1% or less included the following: **Cardiovascular:** Palpitations, chest pain; **Gastrointestinal:** Dyspepsia, flatulence, vomiting, melena, and cholestatic jaundice; **Genitourinary:** Monilia, vaginitis, and nephritis; **Nervous System:** Dizziness, headache, vertigo, and somnolence; **General:** Fatigue; **Allergic:** Rash.

... common side effects in patients receiving a single dose regimen of 1 gram of ZITHROMAX were related to the gastrointestinal system and were more frequently reported than in patients receiving the multiple-dose regimen. Side effects that occurred in patients on the single one-gram dosing regimen of ZITHROMAX with a frequency of 1% or greater included diarrhea/loose stools (7%), nausea (5%), abdominal pain (5%), vomiting (2%), dyspepsia (1%), and vaginitis (1%). *Single 2 gram dose regimen*: Overall, the most common side effects in patients receiving a single 2 gram dose of ZITHROMAX were related to the gastrointestinal system. Side effects that occurred in patients in this study with a frequency of 1% or greater included nausea (18%), diarrhea/loose stools (14%), vomiting (7%), abdominal pain (7%), vaginitis (2%), dyspepsia (1%), and dizziness (1%). The majority of these complaints were mild in nature.

Children: *Multiple dose regimens*: The types of side effects in children were comparable to those seen in adults, with different incidence rates for the two dosage regimens recommended in children: Acute Otitis Media: For the recommended dosage regimen of 10mg/kg on Day 1 followed by 5 mg/kg on Days 2 to 5, the most frequent side effects attributed to treatment were diarrhea/ loose stools (2%), abdominal pain (2%), vomiting (1%), and nausea (1%). Community-Acquired Pneumonia: For the recommended dosage regimen of 10 mg/kg on Day 1 followed by 5 mg/kg on Days 2 to 5, the most frequent side effects attributed to treatment were diarrhea/loose stools (3.8%), abdominal pain, vomiting, and nausea (1.9% each), and rash (1.6%). Pharyngitis/tonsillitis: For the recommended dosage regimen of 12 mg/kg on Days 1 to 5, the most frequent side effects attributed to treatment were diarrhea/ loose stools (6%), vomiting (5%), abdominal pain (3%), nausea (2%), and headache (1%). With either treatment regimen, no other side effects occurred in children treated with ZITHROMAX with a frequency of greater than 1%. Side effects that occurred with a frequency of 1% or less included the following:
Cardiovascular: Chest pain; **Gastrointestinal:** Dyspepsia, constipation, anorexia, flatulence, and gastritis; **Nervous System:** Headache (otitis media dosage); ... General ... malaise; **Allergic:** Rash; **Skin and Appendages:** Pruritus, urticaria; **Special Senses:** Conjunctivitis.
Post-Marketing Experience: Adverse events reported with azithromycin during the post-marketing period in adult and/or pediatric patients for which a causal relationship may not be established include: **Allergic:** Arthralgia, edema, urticaria; **Cardiovascular:** Arrhythmias, including ventricular tachycardia; **Gastrointestinal:** Anorexia, constipation, dyspepsia, flatulence, vomiting/diarrhea rarely resulting in dehydration; **General:** Asthenia, paresthesia; **Genitourinary:** ... Liver/Biliary ... including hepatitis and cholestatic jaundice; **Nervous System:** Convulsions; **Skin/Appendages:** Rarely serious skin reactions including erythema multiforme, Stevens-Johnson Syndrome, and toxic epidermal necrolysis; **Special Senses:** Hearing disturbances including hearing loss, deafness, and/or tinnitus; rare reports of taste disturbance.
Laboratory Abnormalities: Adults: Significant abnormalities (irrespective of drug relationship) occurring during the clinical trials were reported as follows, with an incidence of 1.2%: elevated serum creatine phosphokinase, potassium, ALT (SGPT), LGL and AST (SGOT), with an incidence of less than 1%: leukopenia, neutropenia, decreased platelet count, elevated serum alkaline phosphatase, bilirubin, BUN, creatinine, blood glucose, LDH, and phosphate. When follow-up was provided, changes in laboratory tests appeared to be reversible. In multiple dose clinical trials involving more than 3000 patients, 3 patients discontinued therapy because of treatment-related liver enzyme abnormalities and 1 because of a renal function abnormality. **Children:** Significant abnormalities (irrespective of drug relationship) occurring during clinical trials were all reported at a frequency of less than 1%, but ...

DOSAGE AND ADMINISTRATION: Adults: The recommended dose of ZITHROMAX for the treatment of mild to moderate acute bacterial exacerbations of chronic obstructive pulmonary disease, community-acquired pneumonia of mild severity, pharyngitis/tonsillitis (as second-line therapy), and uncomplicated skin and ... on the first day followed by 250 mg once daily on days 2 through 5. **ZITHROMAX tablets can be taken with or without food.**
ZITHROMAX for the treatment of genital ulcer disease due to *Haemophilus ducreyi* (chancroid), non-gonococcal urethritis and cervicitis due to *C. trachomatis* is a single ...

Pfizer U.S. Pharmaceuticals

... 1601_SA

a knife. Rick, who had been rele... just hours earlier from a psychi... hospital, later confessed that ... had ordered him to do it.

The Swallow family was in... middle of a card game when Je... father took the call. "I think I w... shock, mostly," Elizabeth rec... "You hear terrible things in the ... and the papers every day, but I ... thought it could happen to me."

Too distraught to sleep, she ... Jerod talked and wept through... night, then went home to meet ... their coach and choreographer b... making the difficult trip to the ... salans' house. At the funeral M... which drew more than one hun... mourners, Elizabeth placed a ... on her father's coffin, then ... fully knelt to receive Commu... with Jerod and her sister, Ellen, ... side her.

Elizabeth had been living a... from home when Rick's problems ... gan, but over the years, she had ... distressed by her family's reports ... her fun-loving younger brother ... turned to drugs. "Once [my par... finally got help for him, they rea... there was an emotional proble... well," she explains.

For seven years, the Punsa... tried to help their son as he wre... with substance abuse, depress... suicidal feelings and, later, sc... phrenia. But despite thirty hos... izations in ten separate facilities, ... continued to deteriorate and be...

More Good Skates

Some of the women skaters in Japa... this month will be doing slap shots ... hat tricks instead of double axels: I... the first time, women's ice hockey ... be a medal sport in the Olympics. Announcing the twenty-five U.S. tea... members, head coach Ben Smith sa... "I think I have selected players wh... give us a look of experience, skill, youth and enthusiasm." Catch America's newest bladers in action starting February 8.

delusional. Still, until the murder, doctors never determined him to be a danger to anyone.

Rick was brought to trial in 1996, where he was acquitted by reason of insanity and sentenced to a maximum-security psychiatric hospital. He will stay there until he is deemed sane again. "It was a big relief for all of us to have him in a place where he can get help," says Elizabeth. Her mother sued the hospital and two of the doctors there who had released Rick; the suit was settled for an undisclosed amount.

Learning more about mental illness has given Jerod and Elizabeth a fuller understanding of her brother's behavior. "Every day, we work our way through it," Elizabeth says quietly. "It's still a struggle; it always will be, I think. But it's brought our family closer." Jerod adds, "I think the biggest help is having each other. We're great listeners."

Once Elizabeth had said her last good-bye to her father, she and Jerod had a hard decision to make: Should they try to compete in Lillehammer? Technically, they were prepared, but their emotional state was another matter. Yet, as Jerod explains, "Elizabeth's father would have said, 'You've got to go—that's your dream.'" In the end, they decided that skating in his memory—with their families along for support—would be the best tribute of all. "Skating was actually a godsend," says Elizabeth. "It was so peaceful on the ice, and we could let our minds rest and just do the job at hand."

Had this been a TV movie, the team of Punsalan and Swallow would have risen above their sorrow and turned in a perfect performance. But during the free-dance segment, Jerod lost his balance, dropped Elizabeth, then nearly collapsed on top of her. They recovered and finished the rest of their routine cleanly, but had to settle for fifteenth place.

Still, simply finding the strength to perform again was triumph enough. "It was nice to have had the [Olympic] experience," says Elizabeth, "but we were very relieved to with such an awful death."

After Nagano, Elizabeth and Jerod will compete in the World Championships in March, then reevaluate their career plans and decide whether to continue with amateur skating. The 2002 Olympics? It's not out of the question.

Yet the champions have set other, more pressing goals for themselves—finishing their college degrees (both love art and art history), starting a family. They've done charity functions for drug rehab centers.

The two are remarkably open about sharing memories of the most painful time of their lives. Elizabeth's face brightens as she remembers her father—his love of his Philippine heritage, his whirlwind courtship of her mother, his pride in her own accomplishments. When she discusses Rick, however, emotion overtakes her, and she often looks to Jerod to continue the conversation.

Last July, Jerod spoke to Rick over the phone for the first time in four years. "The image I'd always had was that he was depressed and affected by all the medication," he recalls. "But the Rick I talked to was entirely different." The couple plans to start visiting Rick once they have more free time.

Can Elizabeth ever forgive her brother? "I definitely have forgiven him now," she says. "I think that's the turning point; when you can forgive, you can move on." She exchanges a sad, affectionate smile with her husband.

Though the shadow will always be with them, Elizabeth and Jerod don't worry about being pigeonholed as tragic figures. "At some point, everyone goes through something difficult in their lives," Elizabeth explains. "No one's immune to it. But there are so many other sides to us. This is a big part of us, but we have other things to offer." ●

Shana Aborn, the Journal's associate features editor, frequently writes about human-interest issues.



LHJ EXCLUSIVE OFFER

LHJ Anniversary Rose

To celebrate the 115th birthday of *Ladies' Home Journal*®, we've had this stunning rose bred *exclusively* for our readers.

The 1998 Ladies' Home Journal Anniversary Rose is a deep pink hybrid tea rose with highlights of lavender. This rose, originally hybridized in California, has been homegrown for us by Certified Roses and is available *exclusively* from our magazine, not in nurseries or from catalog or mail-order outlets.

Our rose features buds with high spiral centers perfect for cutting. Bushes produce large plants about 4½ feet high with dark-green foliage that require minimum maintenance, are average in disease tolerance and, with normal care, are cold tolerant to Zone 3. The strong stems produce single fragrant blooms continuously throughout the season.

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That's why the First Grade Dental Health Education Program was created
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grow up to have healthy smiles for life.
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Questions to ask a baby-sitter

When faced with the challenge of hiring a new baby-sitter, most parents fantasize about Mary Poppins floating down on their doorstep. Unfortunately, finding a new sitter isn't so easy. What's the best way to choose the person responsible for preserving household harmony in your absence? Of course, you must request references and call them. But equally important is to ask open-ended interview questions that demand an explanation, suggests Martin Yate, an employment consultant and author of *Hiring the Best* (Bob Adams Inc., 1990). Some examples:

- **What would you do if the children refused to follow your instructions?**
- **What would you feed my children while I'm gone? Describe three meals you might prepare.**
- **What steps would you take if one of the children developed a fever?**

—Robin D. Laws



Lateness COUNTS

Whether you spend the first ten minutes of every movie waiting in the lobby for your sister, or are forced to entertain guests alone because your husband is still in the shower, it can be frustrating—even embarrassing—when the people you depend on are chronically late. You may not be able to change them, but you can find ways to cope, says Joseph Ferrari, Ph.D., a social psychologist at DePaul University, in Chicago. Here's how:

Don't take it personally. "Being late is not a time-management problem," says Ferrari. "For most perpetually late people, it's a personality trait, like being a perfectionist or an overachiever, not a sign of disrespect."

Don't rescue them. Allow people to deal with the consequences of their behavior. Go ahead and find a seat in the theater, or let your husband answer to your guests.

Praise them when they get it right. When someone who is always late shows up on time, let her know how much you appreciate her efforts. Positive reinforcement never hurts.

—Arricca Elin SanSone

Trading Places

Do your kids complain when you're too tired to play games after a stressful day at work? Are you puzzled why your daughter works herself into a panic before every school test? It's easier to understand another person's feelings and problems if you pretend to *be* that person, suggests Susan K. Perry, Ph.D., author of *Fun Time, Family Time* (Avon, 1996). Try these role reversals:

You For A Day. Pretend you and your child switched schedules. What would you pack for your school lunch? What would she plan for dinner? The insights you get may help allay future conflicts.

But I Don't Want To. If your child must confront a scary situation—a doctor appointment or giving an oral report—change places and have *her* try to reassure *you*. Expressing encouraging thoughts out loud will help her feel more confident.

You Don't Say. Have the whole family carry on conversations at dinner pretending to be one another. You may find yourself thinking, Yikes, do I really say that?

—Andrea Warren



REMOTE PATROL

We all know men rule the remote control in most households, but how exactly do they wield their power? According to a poll done by Primestar Partners, most of the time a guy keeps the device tightly gripped in his hand, or at least in his lap or on the chair next to him.



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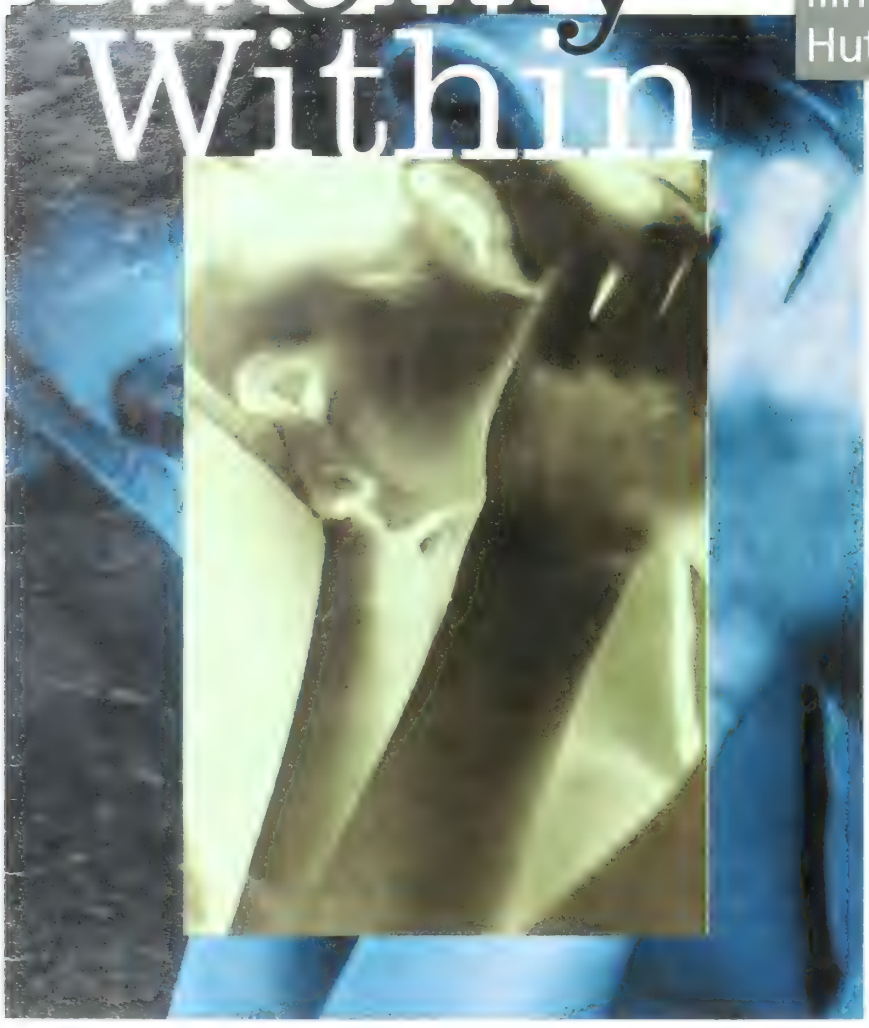


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The Enemy Within

Millions of women who look perfectly healthy are actually suffering from painful chronic illnesses. By Randi Hutter Epstein, M.D.



Roslyn Lauterbach had a five-month-old son and a toddler when severe joint pain and fatigue struck her. "Am I not able to handle two kids?" she worried.

Bonnie Granato was finishing high school in Astoria, New York, when she began suffering from frequent high fevers, flulike symptoms and overwhelming tiredness. Granato thought she was losing her mind. Some friends and even a few doctors thought so, too.

These women are not chronic complainers. They are chronically ill. They are among the millions of American women suffering from autoimmune diseases, a group of about eighty different illnesses in which a hyperactive immune system turns against the body. No one knows what spurs the body's defense system to run amok. There are treatments, but there is no cure. And some women suffer for years before getting the right diagnosis.

What scares these women is never knowing when or where the diseases will strike next. What frustrates them is knowing that they look so completely fine on the outside that friends and family cannot comprehend their pain.

For other sufferers of autoimmune diseases, symptoms vary from very mild to extremely severe. These diseases can kill. They include rheumatoid arthritis, which attacks joints; lupus, which assaults random organs; Sjögren's syndrome, which attacks moisture-making glands; scleroderma, which hardens the skin; chronic vasculitis, which inflames and destroys arteries; and multiple sclerosis, which destroys the protective sheaths around nerves, often leading to severely impaired mobility.

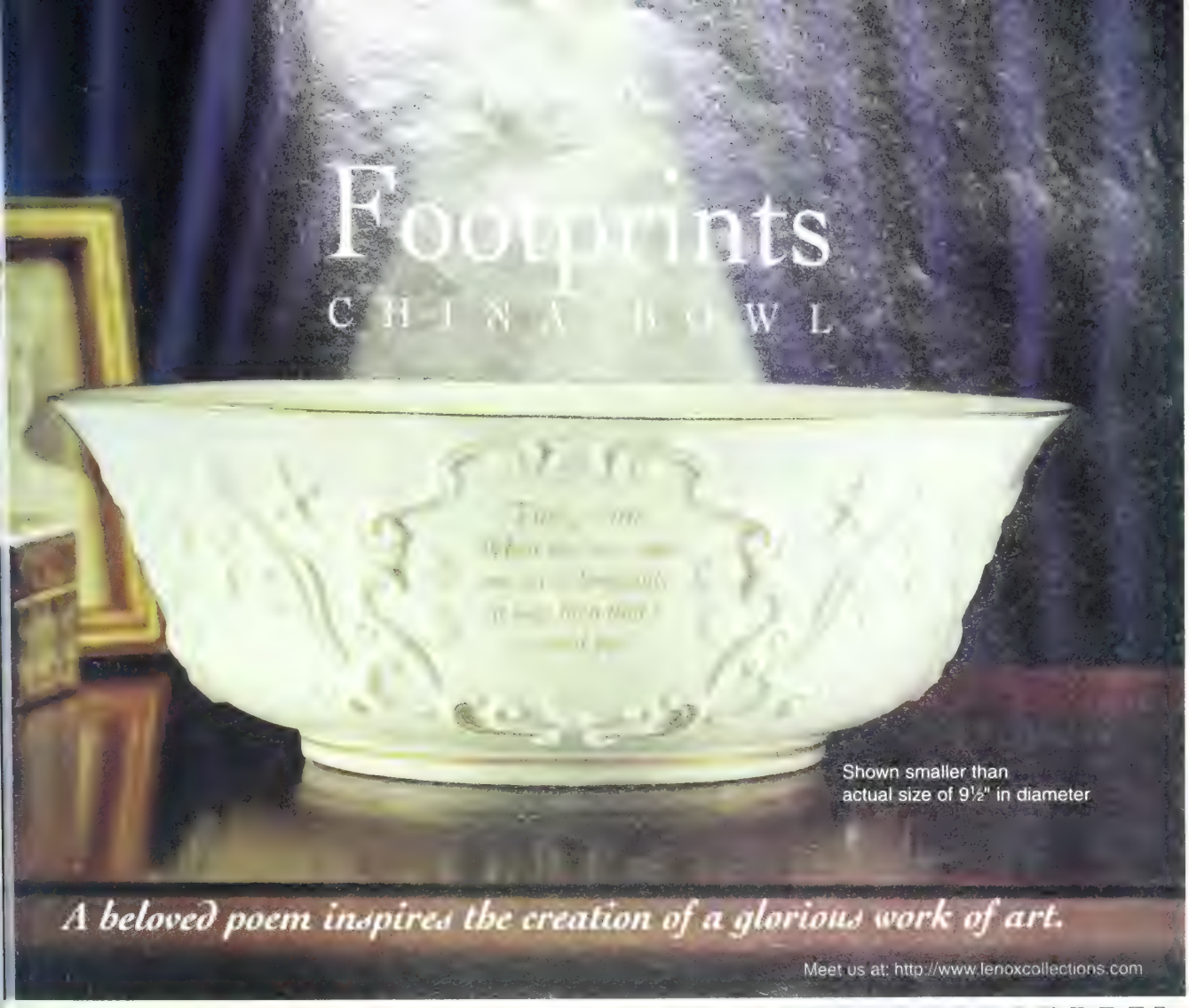
"One of the most devastating aspects is that you never know what to expect when you get up in the morning," says Teri Rumpf, Ph.D., a psychologist in Newton, Massachusetts, who has written about this subject. "People often assume you're malingering or depressed. Often these diseases strike women in the age group when they are caregivers, and all of a sudden they must be cared for. This can be a tremendous blow to self-image."

A Female Problem

Women are at least three times as likely to get autoimmune diseases as men—and no one knows why. Not surprisingly, many researchers blame women's hormones.

The hormonal swings of pregnancy, nursing and menopause affect autoimmune diseases, sometimes exacerbating, sometimes calming the symptoms.

"The conventional answer is to blame hormones, but hormones don't explain everything," says Michael Lockshin, M.D., a New York City *(continued on page 82)*



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Continued from page

rheumatologist and former acting director of the National Institute of Arthritis and Musculoskeletal and Skin Disease, in Bethesda, Maryland. "I think hormones determine some expression of the illness, but they don't cause the disease."

Some experts suspect autoimmune diseases may be caused by a genetic defect because the illnesses can run in families—for example, where the mother has rheumatoid arthritis, a daughter has lupus and a cousin has multiple sclerosis.

Other experts wonder whether a virus or bacteria or some other environmental agent wreaks havoc on the immune system. Or, perhaps some women are born with a genetic vulnerability that turns into full-blown disease only after a viral illness. At this point, no one can say with certainty why some women fall victim to autoimmune ailments and others don't.

A Quiet Epidemic

Since these diseases often go undia nosed, the statistics on their prev lence are not very reliable. Accordi to the Arthritis Foundation, rough 2.5 million Americans have rheum toid arthritis, three quarters of the women, and about 131,000 peop have lupus, 80 percent women. Sj gren's syndrome may strike as ma as one million Americans, 90 perce of them women.

Even after diagnosis, there is easy cure. The ultimate goal is find a treatment that corrects the d fective immune system. One pos bility: so-called T-cell "vaccine that would coat the self-destructi immune cells and prevent the next assault. Other scientists a toying with creating fake targets the body attacks something oth than itself.

Paradoxically, despite an overly vi lant immune system, patients are hig susceptible to infections. "The i mune system is hyperactive, but it not normal," says Lockshin. essence, the body is so preoccupi with self-destruction, it is vulnera to germ warfare.

But Lauterbach and Granato fighters. After years of suffering, th have found ways to cope.

Life Redefined

"I was twenty-two and had just gi birth to David when the sympto started," says Roslyn Lauterba now thirty-seven, of Flemingt New Jersey. "I had been perfe healthy, but my hands would lo And then I had a lump inside my bow that grew from the size o cherry to a tomato. I went to th surgeons and they had three differ ideas. Sometimes the pain got so I couldn't get out of bed."

Lauterbach did not know it at time, but she had rheumatoid n ules, lumps of tissue under the that form in areas exposed to a lo pressure. These nodules often acc pany rheumatoid arthritis.

Rheumatoid arthritis tends strike the joints in the wrists hands. It also affects the hi

nees, jaws, ankles and feet—
ually in a symmetrical pat-
rn. Without treatment, the
sease can destroy tendons,
aments and bone.

Lauterbach tried to ignore her
int pain. It finally subsided
nen she became pregnant
th her second son, Robbie,
w twelve. "Sure enough,
nen I stopped breast-feeding
bbie, it all came tearing
ck," says Lauterbach. "I
uldn't get out of bed. I couldn't
ve my arms and shoulders. Final-
I went to a rheumatologist, who
d me I had an autoimmune dis-
e, but he wasn't sure which one.

"It wasn't until I was thirty that a
eumatologist at New York Uni-
sity gave me a test for rheuma-
d arthritis and told me what I
d." The test detects rheumatoid
tor antibodies (proteins produced
defense-system cells).

Some autoimmune antibodies can
detected in the blood, such as
(rheumatoid factor) and ANA



Roslyn Lauterbach, here with her husband and sons, suffers from rheumatoid arthritis

(antinuclear antibody, found in people with lupus and other autoimmune diseases). But not everyone who has an autoimmune disease tests positive, and sometimes the test results in a false positive.

"In a way, the diagnosis was a relief. At least I had a path to follow," says Lauterbach. "The worst part has been depending on other people just to get through the day. At one point, I had a nurse helping me. I couldn't bear having my boys see their mother like that. To this day, I'll do anything to get through the pain to see them off in the morning.

"I tried to hide my pain from them, but now I realize they suffered along with me. Just recently, a friend told me that after my divorce, one of my sons, who was five years old at the time, said, 'My daddy's leaving because he's tired of tying my mommy's shoes for her.'"

Lauterbach says the divorce was probably inevitable regardless of her health problems, but she is very thankful that her second husband—they've been married for five years—has been sympathetic during the unpredictable bouts of illness. He understood when she said she did not want to risk another pregnancy.

While medication can sometimes stop the pain and relieve the swelling of rheumatoid arthritis, there can be *(continued on page 87)*





Depression hurts.

Depression isn't just feeling down. It's a real illness with real causes. Depression can be triggered by stressful life events, like divorce or a death in the family. Or it can appear suddenly, for no apparent reason.

Some people think you can just will yourself out of a depression. That's not true. When you're clinically depressed, one thing that can happen is the level of serotonin (a chemical in your body) may drop. So you may have trouble sleeping. Feel unusually sad or irritable. Find it hard to concentrate. Lose your appetite. Lack energy. Or have trouble feeling pleasure. These are some of the symptoms that can point to depression – especially if they last for more than a couple of weeks and if normal, everyday life feels like too much to handle.

To help bring serotonin levels closer to normal, the medicine doctors now prescribe most often is Prozac.® Prozac isn't a "happy pill." It's not a tranquilizer. It won't take away your personality. Depression can do that, but Prozac can't.

Prozac has been carefully studied for nearly 10 years. Like other antidepressants, it isn't habit-forming. But some people do experience mild side effects, like upset stomach, headaches, difficulty sleeping, drowsiness, anxiety and



Prozac can help.

prozac

...stopped taking fluoxetine and are then started on an ...

...

...least 14 days between discontinuing an MAOI and starting therapy with Prozac. Because of the long half-lives of fluoxetine and its active metabolite, wait at least 5 weeks (or longer, if fluoxetine has been prescribed chronically and/or at higher doses) between discontinuing Prozac and starting therapy with an MAOI. Prozac should not be used concomitantly with MAOIs.

...

...of 10,782 patients developed various types of rashes and/or urticaria. Among the cases reported in premarketing clinical trials, almost a third of these discontinued therapy because of rash and/or associated systemic signs or symptoms. Reported in association with rash were fever, leukocytosis, arthralgias, edema, carpal tunnel syndrome, respiratory distress, lymphadenopathy, proteinuria, and mild transaminase elevation. Most patients improved promptly upon discontinuation of fluoxetine and/or adjunctive treatment with antihistamines or steroids, and all were reported to recover completely.

Of 2 patients who developed a serious cutaneous systemic illness during premarketing clinical trials, 1 was considered to have a leukocytoclastic vasculitis, and the other a severe desquamating syndrome considered variously to be a vasculitis or erythema multiforme. Other patients have had systemic syndromes suggestive of serum sickness.

Since the introduction of Prozac, systemic events possibly related to vasculitis have developed in patients with rash. Although these events are rare, they may be serious, involving the lung, kidney, or liver. Death has been reported to occur in association with these systemic events.

Anaphylactoid events, including bronchospasm, angioedema, and urticaria, alone and in combination, have been reported.

Pulmonary events, including inflammatory processes of varying histopathology and/or fibrosis, have been reported rarely. These events have occurred with dyspnea as the only preceding symptom.

Whether these systemic events and rash have a common underlying cause or are due to different etiologies or pathogenic processes is not known. Upon the appearance of rash or of other possibly allergic phenomena for which an alternative etiology cannot be identified, Prozac should be discontinued.

Precautions:—*General*—The following events occurred in controlled clinical trials. See Tables 1 and 2 also:

- ...
- *Altered Appetite and Weight*—Significant weight loss may be an undesirable result of treatment. Weight change should be monitored during treatment of bulimia.
- *Activation of Mania/Hypomania*—In all US Prozac clinical trials, reported by 0.7% of 10,782 patients.
- *Seizures*—Introduce Prozac with care in patients with a history of seizures. In all US Prozac clinical trials, 0.2% of 10,782 patients reported convulsions.
- *Suicide*—Close supervision of high-risk patients should accompany initial drug therapy.
- *Long Elimination Half-Lives of Fluoxetine and Its Metabolites*—Because of the long elimination half-lives of the parent drug (1 to 3 days after acute administration and 4 to 6 days after chronic administration) and its major active metabolite (4 to 16 days after acute and chronic administration), changes in dose will not be fully reflected in plasma for several weeks, affecting both strategies for titration to find a dose and withdrawal from treatment.
- *Use in Patients With Concomitant Illness*—Caution is advisable in patients with diseases or conditions that could affect metabolism or hemodynamic responses.
- *Interference With Cognitive and Motor Performance*—Patients should be cautioned about operating hazardous machinery, including automobiles, until they are reasonably certain that the drug does not affect them adversely.
- *Information for Patients*—Physicians should advise their patients to notify them ...

– are taking or plan to take any prescription or over-the-counter drugs or alcohol
– become pregnant or intend to become pregnant during therapy
– are breast feeding an infant
– develop a rash or hives

- *Drug Interactions*

– Drugs Metabolized by P450IID6—Therapy with medications that are predominantly metabolized by the P450IID6 system, especially those that have a relatively narrow therapeutic index (eg, flecainide, vinblastine, and tricyclic antidepressants) should be initiated at the low end of the dosage range if a patient is receiving fluoxetine concurrently or has taken it in the previous 5 weeks. Alternately, the addition of fluoxetine to the treatment regimen of a patient already receiving a drug metabolized by P450IID6 may require a decreased dose of the original medication.
– Drugs Metabolized by Cytochrome P450IIIA4—Data indicate that fluoxetine's extent of inhibition of cytochrome P450IIIA4 activity is not likely to be of clinical significance.
– CNS Active Drugs—Caution is advised. Consideration should be given to using lower initial doses of the concomitantly administered drugs, using conservative titration schedules, and monitoring of clinical status.

Anticonvulsants—Patients on stable doses of phenytoin and carbamazepine have developed elevated plasma anticonvulsant concentrations and clinical anticonvulsant toxicity.

Antipsychotics—Some clinical data suggest a possible pharmacodynamic and/or pharmacokinetic interaction between SSRIs and antipsychotics.

Benzodiazepines—The half-life of concurrently administered diazepam may be prolonged in some patients. Coadministration of alprazolam and fluoxetine has resulted in increased alprazolam plasma concentrations and in further psychomotor performance decrement due to increased alprazolam levels.

Lithium—There have been reports of both increased and decreased lithium levels and lithium toxicity.

Tryptophan—Five patients receiving tryptophan experienced adverse reactions, including agitation, restlessness, and gastrointestinal distress.

Monoamine Oxidase Inhibitors—See Contraindications.

Other Antidepressants—Previously stable plasma levels of imipramine and desipramine have increased greater than 2- to 10-fold when concomitantly ... with fluoxetine.

... Bound to Plasma Proteins—A shift in plasma concentrations or ... fluoxetine may result in adverse effects.

... of altered anticonvulsant effects, including increased ... regulation monitoring ... recommended when fluoxetine is ...

... Impairment ... Study—There is no evidence of ...

on a mg/m² basis throughout organogenesis. In the surviving offspring of rats treated at 1.5 times the MRHD, there was no evidence of developmental neurotoxicity. However, in rat reproduction studies, an increase in stillborn pups, a decrease in pup weight, and an increase in pup deaths during the first 7 days postpartum occurred following maternal exposure to 1.5 or 0.9 times the MRHD on a mg/m² basis during gestation or gestation and lactation, respectively. Prozac should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

- *Labor and Delivery*—The effect of Prozac is unknown. Prozac should be used only if the potential benefit justifies the potential risk to the fetus.
- *Nursing Mothers*—Prozac is excreted in human milk. Nursing while on Prozac is not recommended.
- *Pediatric Use*—Safety and effectiveness in pediatric patients have not been established.
- *Usage in the Elderly*—Evaluation of patients over age 60 who received Prozac, 20 mg, daily revealed no unusual pattern of adverse events relative to the clinical experience in younger patients. However, these data are insufficient to rule out possible age-related differences during chronic use, particularly in elderly patients with concomitant systemic illnesses or those receiving concomitant drugs.
- *Hyponatremia*—Hyponatremia (some cases with serum Na lower than 110 mmol/L) has been reported which appeared to be reversible on drug discontinuation. Some cases were possibly due to SIADH, and the majority have been in older patients and those taking diuretics or who were otherwise volume depleted.
- *Platelet Function*—Rare reports of altered platelet function and/or abnormal results from laboratory studies in patients taking fluoxetine. While there have been reports of abnormal bleeding in several patients taking fluoxetine, it is unclear whether fluoxetine had a causative role.

Adverse Reactions: It is important to emphasize that events reported during therapy were not necessarily caused by it.

Incidence in US Placebo-Controlled Clinical Trials (excluding data from extensions of trials)—Table 1 enumerates pooled data on treatment-emergent adverse events that occurred in 2% or more patients treated with Prozac and with incidence greater than placebo in the treatment of depression, OCD, or bulimia. See full prescribing information for table of treatment-emergent adverse events for each indication.

Table 1

TREATMENT-EMERGENT ADVERSE EVENTS
INCIDENCE IN US DEPRESSION, OCD, AND BULIMIA
PLACEBO-CONTROLLED CLINICAL TRIALS

	Percentage of Patients Reporting Event	
	Depression, OCD, and bulimia combined	
Body System/ Adverse Event*	Prozac (N=2444)	Placebo (N=1331)
Body as a Whole		
Headache	21	20
Asthenia	12	6
Flu Syndrome	[illegible]	4
Fever	2	1
Cardiovascular System		
Vasodilatation	3	1
Palpitation	2	1
Digestive System		
Nausea	23	10
Diarrhea	12	8
Anorexia	11	3
Dry mouth	10	7
Dyspepsia	8	5
Flatulence	3	2
Vomiting	3	2
Metabolic and Nutritional disorders		
Weight [illegible]	[illegible]	1
Nervous System		
Insomnia	20	11
Anxiety	13	8
Nervousness	13	9
Somnolence	13	6
Dizziness	10	5
Tremor	10	3
Libido decreased	1	[illegible]
Respiratory System		
Pharyngitis	5	4
Yawn	3	[illegible]
Skin and Appendages		
Sweating	8	3
Rash	4	3
Pruritus	3	2
Special Senses		
Abnormal vision	3	1

*Included are events reported by at least 2% of patients taking Prozac, except the following events, which had an incidence on placebo ≥ Prozac (depression, OCD, and bulimia combined): abdominal pain, abnormal dreams, accidental injury, back pain, chest pain, constipation, cough increased, depression (includes suicidal thoughts), dysmenorrhea, gastrointestinal disorder, infection, myalgia, pain, paresthesia, rhinitis, sinusitis, thinking abnormal.
—Incidence less than 1%.



Associated With Discontinuation in US Placebo-Controlled Clinical Trials (excluding data from extensions of trials)—Table 2 lists the adverse events associated with discontinuation of Prozac treatment (incidence at least twice that for placebo and at least 1% for Prozac in clinical trials) in depression, OCD, and bulimia.

Other Events Observed In All US Clinical Trials—Frequent adverse events are defined as those occurring on 1 or more occasions in at least 1/100 patients; infrequent adverse events are those occurring in 1/100 to 1/1,000 patients; rare events are those occurring in less than 1/1,000 patients.

Table 2.

MOST COMMON ADVERSE EVENTS ASSOCIATED WITH DISCONTINUATION IN US DEPRESSION, OCD, AND BULIMIA PLACEBO-CONTROLLED CLINICAL TRIALS

Depression, OCD, and bulimia combined	Depression	OCD	Bulimia
—	—	Anxiety (2%)	—
Insomnia (1%	Insomnia (1%)	—	Insomnia (2%)
—	Nausea (1%)	—	—
Nervousness (1%)	Nervousness (1%)	—	—
—	—	Rash (3%)	—

Body as a Whole—*Frequent:* chills; *Infrequent:* chills and fever, face edema, intentional overdose, malaise, pelvic pain, suicide attempt; *Rare:* abdomina... syndrome acute, hypothermia, intentional injury, neuroleptic malignant syndrome, photosensitivity reaction.

Cardiovascular System—*Frequent:* hemorrhage, hypertension; *Infrequent:* angina pectoris, arrhythmia, congestive heart failure, hypotension, migraine, myocardial infarct, postural hypotension, syncope, tachycardia, vascular headache; *Rare:* atrial fibrillation, bradycardia, cerebral embolism, cerebral ischemia, cerebrovascular accident, extrasystoles, heart arrest, heart block, pallor, peripheral vascular disorder, phlebitis, shock, thrombophlebitis, thrombosis, vasospasm, ventricular arrhythmia, ventricular extrasystoles, ventricular fibrillation.

Digestive System—*Frequent:* increased appetite, nausea and vomiting; *Infrequent:* aphthous stomatitis, cholelithiasis, colitis, dysphagia, eructation, esophagitis, gastritis, gastroenteritis, glossitis, gum hemorrhage, hyperchlorhydria, increased salivation, liver function tests abnormal, melena, mouth ulceration, nausea/vomiting/diarrhea, stomach ulcer, stomatitis, thirst; *Rare:* biliary pain, bloody diarrhea, cholecystitis, duodenal ulcer, enteritis, esophageal ulcer, fecal incontinence, gastrointestinal hemorrhage, hematemesis, hemorrhage of colon, hepatitis, intestinal obstruction, liver fatty deposit, pancreatitis, peptic ulcer, rectal hemorrhage, salivary gland enlargement, stomach ulcer hemorrhage, tongue edema.

Endocrine System—*Infrequent:* hypothyroidism; *Rare:* diabetic acidosis, diabetes mellitus.

Hemic and Lymphatic System—*Infrequent:* anemia and ecchymosis; *Rare:* blood dyscrasia, hypochromic anemia, leukopenia, lymphedema, lymphocytosis, petechia, purpura, thrombocythemia, thrombocytopenia.

Metabolic and Nutritional—*Frequent:* weight gain; *Infrequent:* dyhydration, generalized edema, gout, hypercholesteremia, hyperlipemia, hypokalemia, peripheral edema; *Rare:* alcohol intolerance, alkaline phosphatase increased, BUN increased, creatine phosphokinase increased, hyperkalemia, hyperuricemia, hypocalcemia, iron deficiency anemia, SGPT increased.

Musculoskeletal System—*Infrequent:* arthritis, bone pain, bursitis, leg cramps, tenosynovitis; *Rare:* arthrosis, chondrodystrophy, myasthenia, myopathy, myositis, osteomyelitis, osteoporosis, rheumatoid arthritis.

Nervous System—*Frequent:* agitation, amnesia, confusion, emotional lability, sleep disorder; *Infrequent:* abnormal gait, acute brain syndrome, akathisia, apathy, ataxia, buccoglossal syndrome, CNS depression, CNS stimulation, depersonalization, euphoria, hallucinations, hostility, hyperkinesia, hypertonia, hypesthesia, incoordination, libido increased, myoclonus, neuralgia, neuropathy, neurosis, paranoid reaction, personality disorder,* psychosis, vertigo; *Rare:* abnormal electroencephalogram, antisocial reaction, circumoral paresthesia, coma, delusions, dysarthria, dystonia, extrapyramidal syndrome, foot drop, hyperesthesia, neuritis, paralysis, reflexes decreased, reflexes increased, stupor.

Respiratory System—*Infrequent:* asthma, epistaxis, hiccup, hyperventilation, hypoventilation, hypoxia, larynx edema, lung edema, pneumothorax, stridor.

Skin and Appendages—*Infrequent:* acne, alopecia, contact dermatitis, eczema, maculopapular rash, skin discoloration, skin ulcer, vesiculobullous rash; *Rare:* furunculosis, herpes zoster, hirsutism, petechial rash, psoriasis, purpuric rash, pustular rash, seborrhea.

Special Senses—*Frequent:* ear pain, taste perversion, tinnitus; *Infrequent:* conjunctivitis, dry eyes, mydriasis, photophobia; *Rare:* blepharitis, deafness, diplopia, exophthalmos, eye hemorrhage, glaucoma, hyperacusis, iritis, parosmia, scleritis, strabismus, taste loss, visual field defect.

Urogenital System—*Frequency:* urinary frequency; *Infrequent:* abortion, albuminuria, amenorrhea,† anorgasmia, breast enlargement, breast pain, cystitis, dysuria, female lactation,† fibrocystic breast,† hematuria, leukorrhea, menorrhagia,† metrorrhagia,† nocturia, polyuria, urinary incontinence, urinary retention, urinary urgency, vaginal hemorrhage†; *Rare:* breast engorgement, glycosuria, hypomenorrhea,† kidney pain, oliguria, priapism,† uterine hemorrhage,† uterine fibroids enlarged.†

*Personality disorder is the COSTART term for designating nonaggressive objectionable behavior.

†Adjusted for gender.

Postintroduction Reports—Voluntary reports of adverse events temporally associated with Prozac that have been received since market introduction and that may have no causal relationship with the drug include the following: aplastic anemia, atrial fibrillation, cerebral vascular accident, cholestatic jaundice, confusion, dyskinesia (including, for example, a case of buccal-lingual-masticatory syndrome with involuntary tongue protrusion reported to develop in a 77-year-old female after 5 weeks of fluoxetine therapy and which completely resolved over the next few months following drug discontinuation), eosinophilic pneumonia, epidermal necrolysis, erythema nodosum, exfoliative dermatitis, gynecomastia, heart arrest, hepatic failure/necrosis, hyperprolactinemia, immune-related hemolytic anemia, kidney failure, misuse/abuse, movement disorders developing in patients with risk factors including drugs associated with such events, a worsening of preexisting movement disorders, neuroleptic malignant syndrome-like events, pancreatitis, pancytopenia, priapism, pulmonary embolism, prolongation, Stevens-Johnson syndrome, sudden unexpected death, suicidal ideation, thrombocytopenia, thrombocytopenic purpura, vaginal bleeding after drug withdrawal, and violent behaviors.

Overdosage: Prominent symptoms of overdose included nausea and vomiting, as well as agitation, restlessness, hypomania, and other signs of CNS excitation.

In managing overdosage, consider the possibility of multiple drug involvement. A specific caution involves patients taking or recently having taken fluoxetine who might have ingested excessive quantities of a TCA. Accumulation of the parent tricyclic and an active metabolite may increase the possibility of clinically significant sequelae and extend the time needed for close medical observation (*see* Overdosage in Antidepressants *under* Precautions).

Reports of death attributed to overdosage of fluoxetine alone have been extremely rare.

PV2472—DPP [0612]

Additional information available to the profession on request.

FL-11441-0-10028444-1297

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Prozac® (fluoxetine hydrochloride)

They look so [illegible] on the outside that others cannot comprehend their pain

HE ENEMY WITHIN

ntinued from page 83

rious side effects. For example, ironic use of corticosteroids, such prednisone, can lead to bone thinng, cataracts and weight gain. As ith many other patients, Lauter-ch's disease attacked the bones in e back of her neck, leaving them ngerously fragile. She needed rgery to fuse them in place.

Severe rheumatoid arthritis suf-ers can be helped by joint-fusion rgeries or hip replacements. "I've d five surgeries in the past five ars, and I still have a long way to if I want to be able to roll on e floor with my grandchildren," ys Lauterbach.

[illegible] and going for a long walk with nothing hurting," she says. "Positive thinking is my only hope. I have to believe they are going to come up with something that will help me."

Shattered Dreams?

Thirty years ago, if someone had told Bonnie Granato that one day she would be happily married with three healthy children, living in Boca Raton, Florida, pain- and drug-free, she would have thought that person was crazy. In those days, she sometimes questioned her own sanity.

Granato's battle with lupus—the complete medical name is systemic lupus erythematosus—began when she was sixteen. "When it really hit me hard," she says, "I couldn't even get out of bed. Everything ached and hurt so badly I just wanted to die. I've suffered a lot of neurologic damage, lots of seizures and many bouts of meningitis [inflammation of the spinal cord]. My skin is so sensitive to the sun, I have to wear tons of sunscreen all the time."

"It wasn't until about a year after these weird symptoms started that my illness was diagnosed. I had a hundred-and-five-degree fever and was transferred from a hospital in Queens to The New York Hospital–Cornell Medical Center, in Manhattan. I remember waking up and Dr. Michael Lockshin telling me I had lupus. I didn't even know what the word meant."

Lupus is Latin for wolf, a name given to the disease because many patients have a butterfly-shaped rash on the nose and cheeks similar to the pattern on the face of a wolf, according to medical lore. But lupus is far more than a skin disease. Attacks by the body's own defense system can strike anywhere at any time. Sometimes the bouts are mild; other times, they are life-threatening. Lupus can attack the kidneys, central nervous system or heart. Patients may also suffer from anemia, low blood counts and chronic joint aches. They are treated with a series of drugs, including anti-inflammatories, antimalarial pills and even anticancer drugs.

"They tried so many different drugs on me, I felt like a legalized junkie with all the IVs, blood transfusions and needles," says Granato. "One drug caused my bones to wither. I've had one hip replacement and need another. Another drug made me go through menopause at the age of twenty-six."

Lupus patients are also prone to early [illegible]atherosclerosis. (continued on page 181)

A NEW APPROACH TO AUTOIMMUNE DISEASES

Last spring, Michael Lockshin, M.D., a sixty-year-old expert in autoimmune diseases, realized a career-long dream. He opened the first multidisciplinary center dedicated to the study and treatment of women with autoimmune diseases. It is located in New York City. The center's staff includes immunologists, rheumatologists, obstetricians and gynecologists.

The name is as complex as the diseases: The Barbara Volcker Center for Women and Rheumatic Diseases at The New York Hospital–Cornell Medical Center. (Sponsor Barbara Volcker, wife of Paul Volcker, former chairman of the Federal Reserve Board, suffers from a rheumatoid disorder.)

Lockshin found his calling when he was a Harvard medical student. "I was in the obstetrics ward, and the first patient I ever saw die was a twenty-two-year-old pregnant woman with lupus," he says. "No one knew why she died."

This tragic episode launched Lockshin's search for solutions. His patients say he is passionate about his work and compassionate about their concerns. "I don't think I'd be alive today if it weren't for him," says Bonnie Granato, whose son, Kevin Michael, is named for the physician.

Says Lockshin, "If you look at things that are particularly destructive to young women, autoimmune diseases rank very high. They strike [illegible] should be in a very healthy, active period of their lives."

He hopes his new center will deal not only with the medical but also the psychological aspects of these diseases. "Anybody who hurts all day, every day and who has to face people who think she is crazy or a chronic complainer would be abnormal if she wasn't depressed," says Lockshin. The disease may also make them prone to depression.

"We want to touch [illegible] very pragmatic [illegible]

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In the clutch of the winter blahs? Trapped on a treadmill of work, errands and domestic duties? Take five and . . .

Put a little fun in your life



By Melina Gerosa

Back in my high-school days—when Lionel Richie ruled the airwaves, Molly Ringwald was It and leg warmers were actually cool—something devastating happened to me. I was stood up. Not by just any geek, but by my A-list crush. There I was, lurking behind the upstairs bathroom window, primped and primed in my cutest date outfit, naming our children. The minutes turned to hours, and the hours turned into the horrifying knowledge that I had been blown off, big time.

One phone call later, my best friend Karen screeched into my driveway in her parents' beat-up MG. It was November, but the top was down and the heat was blasting. Karen flung open the door, handed me a blanket and off we roared.

First stop, Baskin-Robbins for double scoops of Pralines n' Cream. Cones in gloved hands, we cruised around town with the radio cranked up, belting out "Anticipation" along with Carly Simon.

Fifteen years later, I can still remember the feel of the wind in my hair, the power of Carly's lament and the sweet taste of the cone. The phantom date? I don't even recall his name. That's because something important happened to me that evening: I discovered the Divine Power of Fun. At the age of seventeen, I had learned one of life's sweetest secrets: Fun could be the knight in shining armor who would never let me down—even if Prince Charming did.

Ever since that night, I've taken fun seriously. And I've learned a thing or two about it on the way. Fun is the verb of joy. It's the fabric of happy memories, the icing on the cake of life. It keeps you living in the present. Past and future worries are, for the moment, banished from the kingdom.

Fun is also the ultimate gift you can give yourself: You just stop the world's worst day dead in its tracks and do something special, something irresponsible, something just for you. For example, I'd often passed Bergdorf Goodman's to "visit" the dresses in the window, but never had the nerve to set foot in the shop. Then one day, in the throes of the midweek blahs, I ventured inside. The next thing I knew, I was admiring myself in the three-way mirror in backless, floor-length, black-satin splendor. Two hours later, I ended my afternoon of playing big-girl Barbie with a "Thanks, I'll think about it."

Trying on unaffordable high-fashion clothes may not be everyone's idea of a grand time. Still, I think Holly Golightly, the heroine of *Breakfast at Tiffany's*, *(continued)*

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who elevated fun to an art form, was on to something. Immortalized in the classic 1961 film, Audrey Hepburn donned tiaras, dared her dates to try new things and audaciously asked Tiffany's to engrave a trinket.

Which brings me to the most important point: Fun doesn't depend on money or status or the circumstances of your life. Fun is a state of mind.

Of course, seeing the world through Holly Golightly's fabulous sunglasses isn't always so easy. Life can get complicated. Even when there aren't any catastrophes, entire days can be spent crossing chores off the list: go to work, pick up the kids, do the laundry, pay the bills, cook dinner, clean the house, go to sleep—then wake up and hit the replay button. But among all those things you *should* do, at right are a few you *could* do.

LHJ BOOK BAG



The Fun Book by Melina Gerosa offers over a hundred ways for women to bring whimsy into their busy lives. Enhanced by quotations, recipes and delightful illustrations, this little guide is a perfect gift for Valentine's Day, Mother's Day or any occasion. By arrangement with Simon & Schuster, this 144-page, small-trim hardcover book sells for $19.95, which includes shipping, handling and applicable sales tax.

Resources: Dept. L0298, P.O. Box 9381, Des Moines, IA 50306-9381. MasterCard and Visa users may call 800-763-6393. Please specify book title.

To get 1998 off to a fun start, join [illegible] LHJ Web site [illegible] January [illegible] Visit [illegible] and details.

Fun doesn't depend on money or status or the circumstances of your life. Fun is a state of mind

14 ways to make life fun

1. Plan a living-room picnic with your significant other. Unplug the phone, light candles, order in pizza. Spread a blanket on the floor and dine while listening to Sinatra, if you're feeling romantic, or Barry White, if you're feeling really romantic.



2. Tuck lottery tickets inside birthday cards.

3. Buy an elegant beaded top from a vintage-clothing shop. When you wear it with your favorite black pants, imagine its presence at fabulous parties in times past.

4. Every year on Groundhog Day, make a date with a girlfriend to buy special lingerie. Stealth-dress, and wear it under a sweatshirt and blue jeans.



5. Indulge in a few of those big blocks of lemon-scented olive-oil soap from the south of France. Store in a sweater drawer until you're ready to use.

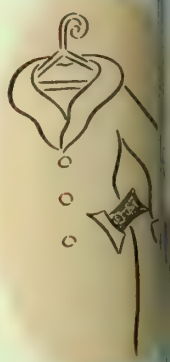
6. Buy a bottle of champagne and stow it away in the fridge, just in case. If a special occasion doesn't present itself, create one.



7. Name an angel and imagine she is watching over you. Ask her for advice (but not out loud).

8. Kidnap a friend for lunch. Chances are, if you show up, she'll drop everything and go.

9. Throw out the bathroom scale.



10. Before stowing your heavy coat in the back of the closet, tuck a twenty-dollar bill in the pocket as next winter's first happy surprise.

11. Pick a weekend and make a deal with your spouse: Saturday you'll spend doing anything he wants, Sunday whatever you want.

12. Put flannel sheets on your bed, open the windows and sleep naked with the one you love. Share the warmth.



13. Get rid of every single pair of uncomfortable shoes, new or old, in your closet.

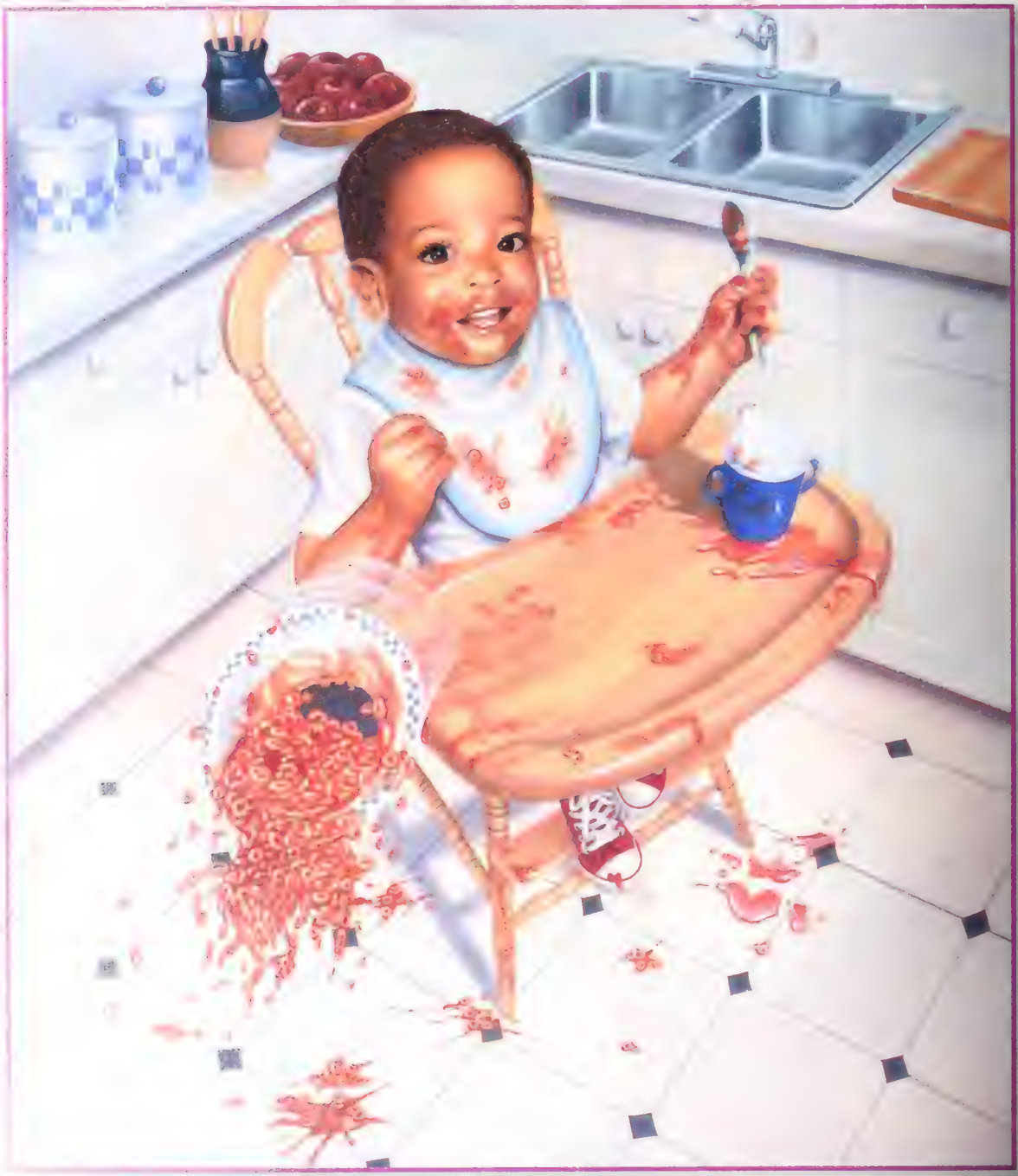
14. Before falling asleep at night, be thankful for three things, large or small, in your day or your life.

ILLUSTRATIONS MELANIE MURDER PARKS


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Digging Your Medical Roots



The key to your future health is in your family's past. But while your close relatives' medical histories are a major factor in determining your own risk for most diseases, many people don't know where to begin charting them, says Reed Pyeritz, M.D., Ph.D., president of the American College of Medical Genetics, in Bethesda, Maryland. Here's how:

1. Sketch out a family tree that goes back to your great-grandparents. Be sure to make note of each relative's ethnic background, as some diseases are more common in certain groups. (For example, Ashkenazi Jewish women are more prone to breast and ovarian cancer.)

2. Gather information from your relatives about major diseases they've had. If a relative has died, find out the official cause by asking other family members or friends, or contact the state's department of vital records (listed in the blue pages of the phone book) for a copy of the death certificate. One caveat: If a relative had "female troubles," she may have had breast, ovarian or cervical cancer. Make note of such suspicions on your tree.

3. Mark the age at which relatives fell ill and when they died. "If your grandmother died of breast cancer at eighty, your risk is less than if she died at fifty," says Pyeritz.

4. Give your physician a copy of your tree to keep in a confidential folder separate from your records (so that it won't inadvertently get sent to your insurance company). Go over the tree with your doctor and make a plan to prevent and detect disease.

—Isadora Fox and Liza N. Burby

What's HOT & What's NOT

The timing couldn't be better: A new year, a new resolve to get fit and stay healthy. While you're at it, why not get with it? In 1998, shaping up means adopting new thinking. —Anna Roufos



HOT	NOT
Innovative workouts, from kickboxing, water aerobics and spinning classes to gospel aerobics on Sunday	Taking the same step class three times a week
Weekly ten-minute massages	Limiting pampering to special occasions
Balanced diets full of fresh fruit and vegetables	Fat-free everything, fad and high protein/carb diets
Walking/running groups	Being a slave to the gym
Old-fashioned crunches	The Abdomenizer™
Mini-marathons and training to compete	Exercising just for weight loss
Midlife discussion groups	Being timid about health concerns
Mind gyms that teach you to work with your body	No pain, no gain attitudes
Tea bars	High-calorie smoothies laden with extras, such as peanut butter and chocolate

Kids' Hearts At Risk

How damaging is secondhand smoke to your kids? Parental smoking has been implicated in worsening asthma, ear infections and bronchitis. Passive smoke may also increase their risk of lung disease as adults. Now new research from Boston Children's Hospital shows that regular exposure to smoke puts kids at greater risk for early heart disease as well. In the study, kids in smoking homes had 10 percent less protective HDL cholesterol than those with nonsmoking parents. "Even children of light smokers suffered negative effects," says Ellis Neufeld, M.D., assistant professor of pediatrics at Harvard Medical School. Since kids rarely have cholesterol problems, researchers evaluated those with inherited high cholesterol. But the result may point to long-term heart troubles for all kids whose parents smoke, including those with normal cholesterol levels during childhood.

—Kirsten Danis

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LADIES' HOME JOURNAL SPECIAL REPORT 115th ANNIVERSARY

Putting kids through college, saving for retirement, trying to stretch the family budget—these are just a few of the common financial problems families face today. Here, expert advice on how to become fiscally fit.

By Kathryn Casey

"We Need A Money Makeover"

How healthy are your finances? When we asked this question of our Voices of the Decade—the five readers whose lives we're chronicling through the year 2000—they told us they needed help. So we turned to certified financial planners Esther M. Berger, of the Beverly Hills firm of Berger, Jaffe & Associates, LLC, and author of *Money Smart* and *MoneySmart Divorce* (Simon & Schuster, 1993 and 1996, respectively), and Nancy Abrams, of Nancy Abrams & Associates, in Beverly Hills, and asked them to give each of the women a financial checkup. This is what the experts discovered—and the smart money moves they advise for every woman.

MAKING ENDS MEET

Dana Crone, 38, beauty shop owner
Eminence, Indiana
Husband: Jack, 45, a farmer
Children: Molly, 16, Ty, 14, Casey, 10

"I think we have the same money problem most people have," says Dana. "There's just never enough."

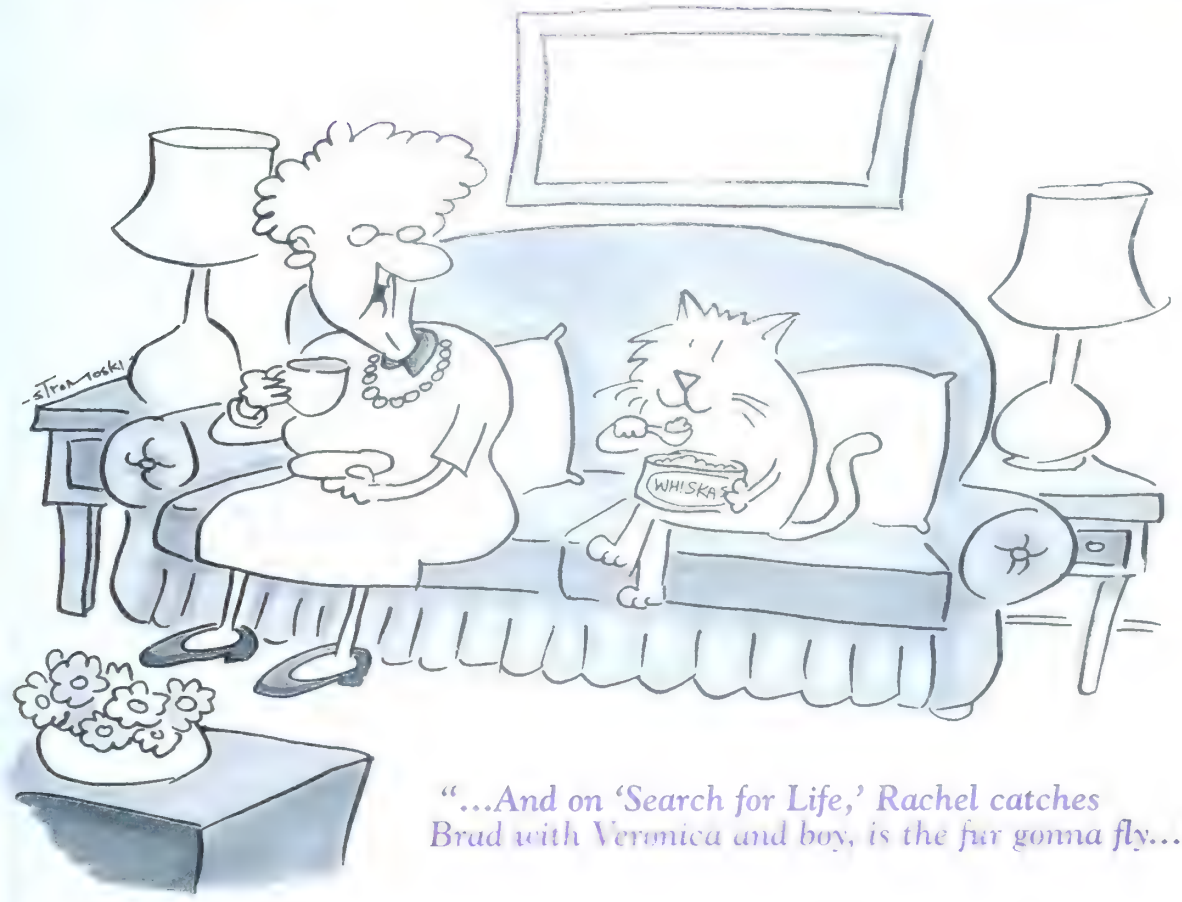
Adds Jack, "I'd like our money to work as hard as we do."

Outside their Victorian farmhouse, the cornfields Jack farms glisten in the sun. Just across the driveway sits the Outback Hair Shack. Dana built the salon in 1994 and often puts in eleven-hour days.

"I think it is a misconception that if you own a business you have a lot of money," Dana says. *(continued)*


While her husband Jack, runs the family farm (above), Dana owns and operates a hair salon

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"WE NEED A MONEY MAKEOVER"

Continued

While her salon grossed $42,000 in 1996 and she took no salary, by the year's end the shop showed no profit. She attributes that mainly to start-up costs, such as supplies and equipment.

Jack has a similar situation on the farm. While it averages a quarter million dollars in gross revenues, after expenses his share of the profits is $20,000 to $30,000 annually.

Although their earnings place the Crones below the national median family income of $38,000, their expenses are also lower. For instance, they have just one $1,800 annual mortgage payment to the family farm corporation Jack formed with his parents and brothers. And since their cars are used for business, many of those expenses can be written off.

After state and federal taxes, the Crones clear approximately $18,000 annually. Subtract $6,500 for groceries, $1,000 for clothing, $1,900 for utilities, $3,144 a year for medical insurance and $1,972 for life insurance, and that leaves about $3,500 a year to cover everything from fees for the children's sports teams to the $125 a month Dana puts in an IRA. One thing the Crones don't have to deal with is credit-card debt. "We pay everything monthly," says Dana. "Otherwise, it's just too easy to get in the hole."

Over the years, Dana has managed to put away $11,000 in a savings account to guard against emergencies. And the Crones are already looking into scholarships, grants and student loans to help defray college costs.

For retirement, they have their portion of the family farm, Dana's IRA funds, two whole-life insurance policies, which, by then, will be valued at $150,000, and some restaurant stock Dana's father left her.

The Crones would like to make other investments, but disagree on where to put their money. Dana is tempted to invest in real estate. Jack favors investing in the stock market.

"It's hard to know what to do," admits Dana.

After assessing the Crones' finances, Nancy Abrams and Esther Berger say the couple is managing their money well. But they agree the Crones should increase their savings; an additional $100 a month could mean a big difference for the couple's future. "At an eight percent return over twenty years, they'd have nearly an additional $60,000 for retirement," Abrams says.

They both suggest Jack and Dana consider buying mutual funds, which will allow them to diversify, even with a small investment.

"I wouldn't get into real estate," advises Abrams. "They won't be able to invest enough to diversify."

As a new business owner, Dana, the experts say, has a serious situation to consider: If the salon doesn't make money soon, she needs to decide whether to close down. "She should set a dollar amount on what she expects it to produce and give herself a time limit," says Berger.

Mulling over the experts' advice, Dana says, "I think we *could* save more, and I would like to learn about mutual funds." As for the shop, she'll set a goal of $25,000 annual profit in two years. "If that doesn't happen, I may have to reassess my options," she admits. "But I think I've got a good shot at making it work."

A FINANCIAL EMERGENCY



Diane Bishop, 39
Malvern, Pennsylvania
Husband: Dave, 42, a general contractor
Children: Sean, 12, and stepdaughter Leigh Ann, 13

"Last year was our toughest financial year ever," says Diane.

In October 1995, a flare-up of lupus, the chronic autoimmune *(continued)*



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Growing evidence suggests that diets rich in antioxidants may reduce the risk of some cancers and heart disease. A study from the USDA found that Welch's purple grape juice has more than three times the naturally-occurring antioxidants of other popular juices.

Welch's

"WE NEED A MONEY MAKEOVER"

Continued

disorder she's had for years, forced Diane to take a short-term disability leave from her job as a computer auditor for a pharmaceutical company. *(For more on lupus, see "The Enemy Within" on page 78.)* For six months she received 50 percent of her $80,000 salary.

Her condition worsened, and in February, Diane filed with her company for long-term disability. To her surprise, her claim was denied because of insufficient evidence. Diane hired an attorney and filed an appeal. But as her case dragged on, she received no income.

Diane and Dave had saved six months' salary for just such an emergency. But as a self-employed contractor, Dave's earnings can range from $15,000 in a bad year to more than $100,000 in a good one. When his business slowed, bills quickly ate up their savings. Diane was forced to sell her antique jewelry and doll collections, and the couple had to borrow from family to keep afloat.

Finally, in May 1997, after fourteen months without a paycheck, Diane's long-term disability claim was approved. She's now receiving two thirds of her old salary—nearly $55,000 a year—until age sixty-five.

Still, the entire experience left Diane shaken. "Chronic illness is tough enough," she says. "Financial problems only make it worse."

After analyzing the situation, Abrams says that the family was lucky: Many employees—especially those who work for small companies—have no short- or long-term disability. She says that every worker should have enough disability insurance to replace 60 percent of lost earnings until age sixty-five—even if it means buying the insurance yourself.

Berger and Abrams advise Diane to set aside funds for age sixty-five, when her disability benefits end. "We are doing that," Diane replies. She and Dave have purchased IRAs and mutual funds. "We also bought a life insurance policy on Dave," she adds, "to cover the kids and me if anything happens to him."

CAN WE RETIRE EARLY?

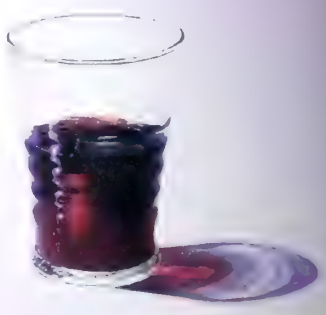


Anne Weatherill, 52, newspaper writer
Corpus Christi, Texas
Husband: Jim, 52, airline pilot
Children: Maryanne, 29, Christine, 24

Anne's major financial concern is retirement. "We're trying," she says, "but are we putting away enough?"

It's easy to understand the Weatherills' worry. Jim is only eight years away from sixty, the federally mandated

defender.



People who follow a balanced diet that includes five or more servings of fruits and vegetables each day may lower their risk of developing some cancers. Just one six-ounce glass of Welch's Purple Grape Juice counts as one serving of fruit.

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day, many cardiologists recommend a daily
rin regimen to their patients for its anti-
ng benefits. In preliminary medical research,
king purple grape juice each day also
ided significant anti-clotting effects. Research
going to confirm these
uraging findings.

Welch's

irement age for airline pilots. And last year Anne, ıose mother died of breast cancer, faced her biggest ır when she was diagnosed with the disease.

Anne considers the experience a wake-up call. "I nt to retire with Jim," she says. "I want this to be a ecial time for us."

For their retirement, the Weatherills estimate they'll ed an annual income of about $50,000. To achieve ıt goal, Jim and Anne are each investing the maxi- ım amounts allowed in their company-sponsored 1(k) plans—$1,023 per month. So far, they have ore than $70,000 in their retirement accounts. Jim o has a pension, which will pay him $2,000 a month.

"They're doing well," says Abrams, reviewing the uple's finances. "But they're underestimating what y'll need."

For one thing, the Weatherills have failed to take in tion into account. In addition, if they plan to live off interest on their retirement money and not touch principal, Berger estimates they need to nearly dou- the amount they're investing.

Berger suggests that Jim make his portfolio more ag- ssive. "Most people are very conservative with their irement money because they're afraid to lose it," she s. "They forget that if it doesn't grow, they're not ng to have enough to live on."

Berger also cautions that the Weatherills may want to rethink their goal of retirement at sixty. "Jim may want to consider a second career," she says.

The Weatherills say that the experts' advice makes sense. Jim recently revamped his 401(k), investing in more aggressive funds. He's also considering a part-time job after his retirement from the airline. "I'd like to do something I enjoy," he says. "Maybe I'll start my own small woodworking company."

FOR RICHER OR POORER



Paulette Polley, 48, college professor
Virginia Beach, Virginia
Children: Nicole, 21, Alycia, 17

"Sometimes I'd like to get married again," says Paulette. "But how do I protect myself financially?"

Paulette has a lot to protect. She and her ex-husband, William, a physician, divorced in 1994. She invested her share of their assets, more than $200,000, in stocks and mutual funds. She also has nearly $80,000 in retirement plans, savings and equity in the home she purchased last year. *(continued on page 178)*

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The author enjoying some of the foods that reduced her bio-age—and her weight



The Fountain of Youth Diet

The author took off twenty pounds, and felt and looked years younger in just ninety days. Here's an exclusive look at the revolutionary eating program she devised.

By Edita Kaye

Not long ago, I was facing the big four-zero and terrified of getting older. I spent hours examining the first bulge of jowls, trying to hide tired, puffy, wrinkled eyes under makeup, and struggling into yet another control top that didn't. I was frustrated with my flab, and angry at diets that didn't work, clothes that didn't fit and the endless struggle with food that dominated my every waking moment.

But that wasn't all. I was not feeling my best. I wasn't sleeping well. I shuffled around stiffly in the morning like someone twice my age. I had a permanent case of PMS. My pulse was high, and so were my cholesterol and my blood pressure.

When my birthday rolled around, I looked in the mirror and saw a woman who was not only overweight, but old and unattractive.

I had tried every diet ever invented, many of them twice. Nothing ever worked. So I did what any frustrated and depressed diet junkie would do: I gave up. What a relief to finally come to terms, however reluctantly, with my weight. But I wasn't ready to do the same with my age; I made a vow right then and there that if I couldn't shed pounds, I would focus on reversing the clock.

When I threw myself into researching this new quest, I discovered there was a whole new body of science dealing with aging. I was hooked. I found myself reading medical journals, textbooks and research reports (my training as a medical journalist came in handy here); I attended meetings and symposia; I interviewed experts in this new longevity science. And the more I studied, the more excited I became. Scientists and physicians were proving that one's rate of aging *could* be slowed.

I just needed to find the formula to put all this research to work in my own life. Scientists were pretty much agreed on one thing: We are making ourselves older with every meal we eat. We may be living longer, but we're spending those extra years in wheelchairs or attached to machines. We are digging our graves with a knife and fork. *(continued)*

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It seemed almost too simple. And yet the proof was there: Case after case of poor nutrition contributing to heart disease, stroke, diabetes, cancer, osteoporosis and all the diseases that shorten our lives and make us old before our time.

If poor nutrition was a cause of premature aging, then good nutrition, I reasoned, could give me back those stolen years. But there was one more piece to the puzzle. The nutrition thing wasn't only about calories or fat or cholesterol or fiber. A major element was antioxidants: the nutrients—found in the most common, everyday foods—that can help stop aging and even reverse it. So I spent months determining which foods had the most antiaging nutrients, and what portions would give me those benefits without paying the penalty in weight gain.

Once I settled on the food program, I had to determine my biological age—not what the calendar said, but what my body measured. In the sixties, Robert Morgan, Ph.D., a Canadian researcher, came up with a test to measure biological age. To determine my own bio-age, I averaged my scores on six different *(continued)*

Edita's Fast-Track Seven-Day Antiaging Weight-Loss Program

The Fountain of Youth program is a nutrient-dense, antioxidant-rich food plan designed to slow the aging process at the cellular or molecular level. One of the exciting by-products is weight loss. The diet is naturally low-fat, high-energy and filling. Snack attacks are covered. Repeat the plan (page 114) after one week; after ninety days, redo the bio-age tests to see how much younger you are already. While you are on the plan, be sure to take a balanced multivitamin and iron supplement as well as a calcium supplement. Drink 6 to 8 glasses of water a day. Black coffee or tea with meals is permitted. Also, you *must* walk for a total of thirty minutes a day. I like ten-minute walks after snacks and meals.

These three recipes are critical to your success. Mixed into Edita's Veggies and Fruit Salad are eight great antiagers. Make up big batches before you begin.



You can snack on this salad anytime

Edita's Fountain of Youth Salad

This salad is filled with antiaging nutrients. You may use 2 T. of nonfat salad dressing; also add 1 tsp. of olive oil per day for essential fatty acids.

1 head romaine lettuce, torn into bite-size pieces
3 bunches green onions, sliced thin
3 bunches parsley, chopped fine
3 tomatoes, quartered
1 bunch celery, chopped fine
1 sweet red pepper, seeded and chopped
1 sweet green pepper, seeded and chopped
1 package (10 oz.) salad spinach, chopped

In a large bowl, combine all ingredients. Measure out six-cup servings into plastic bags. Store in your fridge for an instant antiaging treat.

Edita's Fountain of Youth Veggies

Here is another staple dish to munch on whenever you like, either raw or steamed.

1 cup broccoli, washed and cut into florets
1 cup carrots, chopped into chunks
1 cup cauliflower, cut into florets
1 cup brussels sprouts, sliced

Combine all the vegetables and store in a plastic bag in the refrigerator.

Edita's Fountain of Youth Fruit Salad

1 cantaloupe, cut into chunks
1 pound strawberries, washed, hulled and quartered
1 pound seedless grapes
2 oranges, peeled and cut into chunks
1 grapefruit, peeled and cut into chunks

Combine all ingredients in a large plastic bowl. Cover tightly and store in refrigerator.

How old are you really?

The calendar says you're thirty-five, but your body may disagree. If you're overweight and out of shape, your bio-age might be forty-five or even fifty-five. The good news is that by eating right, you can turn the clock back.

TEST #1 THE SKIN PINCH

What This Test Measures

Armed with a sweep-second hand watch, sit down and place one hand, palm down, on the surface of the table. Keep your hand relaxed. With the thumb and forefinger of the other hand, pinch a large piece of skin from the middle of the flat, relaxed hand. Hold the pinched skin firmly for a count of five seconds. Release, and count the number of seconds it takes for the pinched skin to go back to normal.

Skin Elasticity In Seconds	Body Age in Years
0 to 2	19
2 to 4	30
4 to 6	40
6 to 8	45
8 to 10	50
10 to 12	60
12 to 14	70+

TEST #2 YOUR RESTING HEART RATE

Sit down in a comfortable chair again with your watch where you can see it clearly. Find your pulse by putting your middle finger gently on the large artery in your throat, just under your chin. Now, count the number of pulses in twenty seconds. (Repeat the test once for accuracy.) Multiply that number by three. This gives you your resting heart rate for one minute (for women only).

Heart Rate Beats Per Minute	Body Age in Years		
50 or less to 62	19	78	49
63	20	79	50
64	22	80	51
65	25	81	52
66	27	82	53
67	30	83	54
68	33	84	55
69	35	85	58
70	37	86	60
71	39	87 to 88	63
72	41	89 to 90	64
73	43	91 to 92	65
74	45	93 to 95	66
75	46	96 to 97	67
76	47	98	68
77	48	99+	69+

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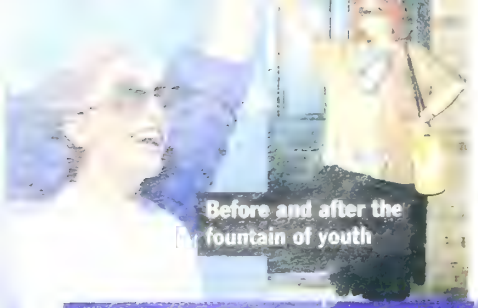


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tests—the skin-pinch test, resting heart rate, vision, blood pressure, cholesterol and weight (being overweight can age your body). See "How Old Are You Really?", page 112, for how to perform two of these; go to your doctor, whom you should see before starting any new eating plan, for the other four. Averaging all my tests *(continued on page 170)*

Edita's Eating Plan

	BREAKFAST	MORNING SNACK	LUNCH	AFTERNOON SNACK	DINNER	BEDTIME SNACK
DAY 1	1 cup Total® cereal ½ cup skim milk	½ cantaloupe	1 slice low-calorie whole-wheat bread* 1 tomato 3 cups Edita's Salad	1 cup nonfat fruit-flavored yogurt	3 ounces skinless chicken breast, baked, broiled or grilled 4 cups Edita's Veggies, steamed	1 slice low-calorie whole-wheat bread 1 teaspoon all-fruit preserves
DAY 2	1 bagel 1 teaspoon all-fruit preserves	1 cup Edita's Fruit Salad	4 ounces tuna packed in water 3 cups Edita's Salad	1 low-fat fruit-flavored yogurt	1 baked potato 4 cups Edita's Veggies, steamed 3 cups Edita's Salad ½ cup nonfat plain yogurt ¼ cup salsa	1 slice low-calorie whole-wheat bread 1 teaspoon all-fruit preserves
DAY 3	1 English muffin 1 teaspoon all-fruit preserves	½ cup carrots ½ cup plain nonfat yogurt ¼ cup salsa	1 slice low-calorie whole-wheat bread 1 hard-boiled egg 3 cups Edita's Salad	1 nonfat fruit-flavored yogurt	3 ounces turkey (white meat), baked, broiled or grilled 1 cup brussels sprouts, steamed 1 sweet potato, baked, with 2 tablespoons nonfat dressing	1 plain rice cake with 1 teaspoon honey Herbal tea
DAY 4	2 slices French toast with 2 tablespoons maple syrup	1 orange	4 ounces tuna packed in water 3 cups Edita's Salad	1 cup air-popped popcorn tossed with 1 teaspoon grated Parmesan	4 ounces flounder, baked or broiled 4 cups Edita's Veggies, steamed	1 slice low-calorie whole-wheat bread 1 teaspoon all-fruit preserves Herbal tea
DAY 5	1 cup (cooked) oatmeal with 1 tablespoon brown sugar	½ cantaloupe	1 rice cake, any flavor 1 cup canned tomato soup made with water 3 cups Edita's Salad	Same as above	4 ounces flounder, broiled 1 sweet potato, baked 3 cups Edita's Salad	1 cup bran cereal with ½ cup skim milk
DAY 6	1 slice low-calorie whole-wheat bread 1 teaspoon all-fruit preserves	1 cup vegetable juice	1 bagel with 1 teaspoon nonfat cream cheese 1 tomato, sliced, and 1 slice onion	1 nonfat fruit-flavored yogurt	1 baked potato 4 cups Edita's Veggies, steamed ¼ cup salsa 3 cups Edita's Salad	1 cup Edita's Fruit Salad
DAY 7	1 cup strawberries 1 cup nonfat fruit-flavored yogurt	1 plain rice cake with 1 teaspoon all-fruit preserves	1 slice low-calorie whole-wheat bread 1 slice (1 ounce) nonfat Cheddar or Swiss cheese 3 cups Edita's Salad	½ cantaloupe	1 cup cooked spaghetti with ½ cup spaghetti sauce 1 teaspoon Parmesan cheese 3 cups Edita's Salad	1 slice low-calorie whole-wheat bread 1 teaspoon all-fruit preserves Herbal tea

TAKETH A BREATHIER.

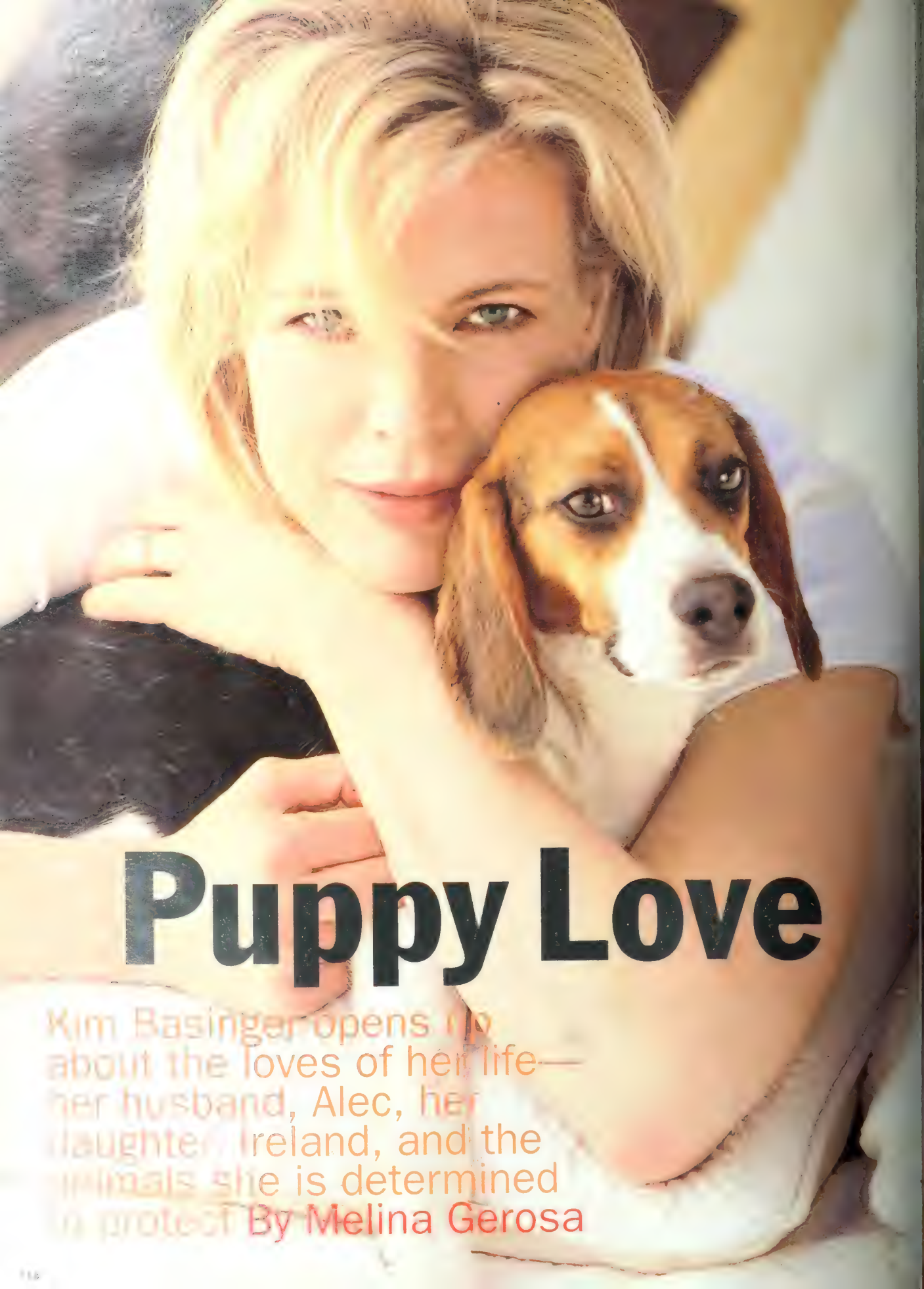
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Puppy Love

Kim Basinger opens up about the loves of her life—her husband, Alec, her daughter, Ireland, and the animals she is determined to protect

By Melina Gerosa

Kim Basinger remembers the exact moment she fell in love with Alec Baldwin. The couple was going to the set of their 1991 movie, *The Marrying Man*, when they saw a dog get hit on the freeway in Los Angeles. Without hesitation, Baldwin jumped out of the car, dodged the oncoming traffic and raced into the woods after the limping boxer.

The dog survived its wounds; the couple named her Gracie, took her home to meet Basinger's fifteen other dogs and cats, adopted her, and everyone lived happily ever after. "That was the first time I knew I loved him," she says, smiling. "And I've fallen in love with Alec many times since then."

While her passion for both her man and Man's Best Friend have only deepened over time, Basinger holds her emotions close to her vest. In fact, her shyness registers ten paces before her luminescent peaches-and-cream beauty. She shlumps into the lobby of the Four Seasons Hotel in Beverly Hills shielded by a strategically placed chunk of blow-dried bangs. She is wearing baggy blue jeans, a white T-shirt and a black blazer, and she is armed with an instant disguise (a baseball cap and huge black shades). She lugs a pile of newspaper clippings about abuses to children, the elderly and animals, all subjects that she would clearly rather discuss than herself.

Like it or not, however, Basinger is back in the spotlight. She first came to fame as the Bond girl in *Never Say Never Again*, and went on to star in *9½ Weeks* and *Batman*, followed by a series of both hits and misses. Then, last summer, after a self-imposed two-and-a-half-year maternity leave, she wowed audiences with her glamorous star turn in the critically acclaimed hit *L.A. Confidential*. The forty-four-year-old actress has also been in the news for her crusade to save forty beagles from painful medical experiments in a New Jersey lab.

Recently, Baldwin, her husband of four years, has become increasingly visible in the world of politics. The very thought makes the actress cringe. "When people ask, 'Is Alec going to run?' I say, 'If Alec runs, I'm going to run, too. In the other direction!' " she jokes in her soft Georgia accent. "When we talk about politics, I will just turn up the CD player as loud as it will go, find my way to the bathroom and lock the door, because I don't know if it would be good for our child, or for our relationship. I don't know."

Baldwin is used to his wife's candor. "I call her Yosemite Kim after Yosemite Sam because sometimes she is so cantankerous and so brutally honest, she's just very funny," he says. "Kim is not a schemer; what you see is what you get." Whether or not the couple enters the political arena, they have coped with more than their share of controversy already. First there were rumors of the couple's tantrums on the set of *The Marrying Man*. Then there was the actress' involvement in a failed attempt to transform the small town of Braselton, Georgia, which she and other investors bought for $20 million in 1989, into an arts center. But, according to Basinger, the biggest challenge was enduring the lawsuit filed against her for reneging on an oral agreement to star in the movie *Boxing Helena*, which cost her over $3 million, culminating in personal bankruptcy. "Kim is a hero to me," says Baldwin. "That litigation would have killed nine out of ten people I know. But she faces things with great dignity and generosity."

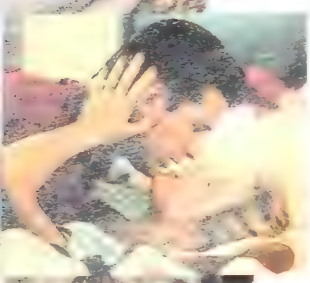
If anything, Basinger says, the trauma has only strengthened their relationship. "It's like, 'No matter what comes down, it's you and me, pal, together,' " she says. "He trusts me to the ends of the world, and I trust him. There are no ifs."

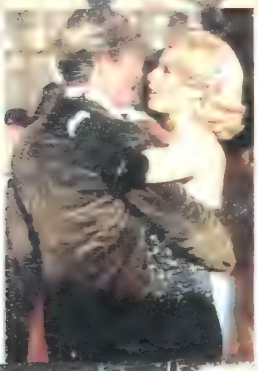
There is also no question that Baldwin is the romantic in this duo. "Alec wanted to be married long before I did, to be honest," explains the actress, whose eight-year marriage to makeup artist Ron Britton ended in 1989. "I knew I wanted to spend my life with Alec, but I didn't know if I wanted to get married right then." Baldwin persisted, and as soon as Basinger acquiesced in 1993, he arranged their entire sunset wedding at an inn in East Hampton, New York. "The only phone call I got was, what color did I want the flowers to be?" she says with a laugh. The couple writes poetry back and forth, and recently he sent Kim a Mahler CD she mentioned liking when she heard it on the radio from the New York set where he is filming *The Confession*.

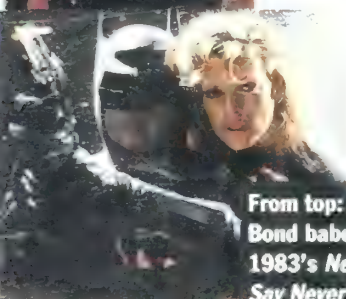
While Basinger is clearly in love with her husband, she's the first to admit, "It hasn't all been roses and powdered sugar. I live with a very passionate, verbal, vocal man who doesn't keep any thought to himself. He has the biggest heart of anybody I've ever met, but at the same time, he's a Black-Irish Catholic with a temper."

For the first time ever, however, Basinger says Baldwin has met his match—in their two-year-old daughter, Ireland Eliesse. "She has almost sent him into therapy," she says. "He's very needy for her love, and sometimes she just wants to watch *Annie*, or whatever, and she can't be bothered with 'Give me a kissy.' He's never been rejected in his life, by *any* woman!" she says, chuckling. "I eat it up." Baldwin admits he *(continued)*













From top: As a Bond babe in 1983's *Never Say Never Again*; with her husband of four years, Alec Baldwin, in *The Marrying Man* (1991); with Robert Redford in *The Natural* (1984); as Vicky Vale in 1989's *Batman*; as Lynn Bracken in last year's *L.A. Confidential*; out on the town with Alec

continued) sometimes feels like the odd man out. "They have a relationship that is a real privilege to witness," he says. "For now, I'm just the big, fat, hairy beast that sleeps with her mother."

By her radiant smile, it is clear that Basinger loves everything about her daughter, whose name popped into her head during a pregnancy so rough—"what most women call morning sickness I had twenty-four hours a day"—that she was rendered bedridden for seven months. "I was lying there, and I thought, Alec and I never got to have a honeymoon, but we always planned to go to Ireland," she explains. Mother and daughter spend the days together at their home in Los Angeles, going for walks, visiting the farmers' market and even rolling around on the floor with Basinger's seven shih tzus. "She is the greatest thing I have ever done, and the greatest thing I will ever do, unless I have another baby," Basinger says, admitting that she and Baldwin would love to conceive again, "or adopt, whichever way it goes." Basinger, who has dubbed her daughter "my backpack," hasn't spent a single night apart from Ireland since the day she was born, despite her husband's efforts to lure her away for a weekend. "I'll pay Kim an appearance fee to come with me," he says.

If her marriage plays second fiddle, then her career is a distant third. After her unhappy experience in 1994's ill-received *Ready to Wear*, her painful pregnancy and the elation of motherhood, the actress was in no rush to get back to work. "I was really into that Ward and June act, you know, 'Wave good-bye to Daddy, darling!' " she says.

In fact, she originally passed on *L.A. Confidential*, and only changed her mind when director Curtis Hanson seduced her with the claim that she was the only actress in Hollywood who could play the Veronica Lake–look-alike call girl in the *noir* thriller. "I don't know how to pick material," she admits. "I wouldn't know a hit if it hit me." Luckily, it did; both the movie and Basinger's performance drew raves. But throwing herself into the part did have a high cost: her hair. "I dyed my hair platinum, and in the middle of the production it started falling off. Not out, but *off*," she says. "The day after we were finished, we shaved my head." Baldwin took one look at his wife and nicknamed her "Jim Basinger." But she didn't really mind. Basinger says that long ago her husband realized that the sex symbol he thought he was marrying was actually a tomboy. "I'll be in these big, oversize pajama bottoms and a sweatshirt with some big socks on, and I'll catch him staring at me and he'll say, 'You are unequivocally the most unfeminine girl I've ever known,' " she says.

And that's fine with her. "I have never in my life felt sexy. It's not something I've ever been comfortable with, *ever*." The actress even avoids seeing her own movies. "I've seen a few of them, but not all," she says. "I have never been confident about my looks."

That insecurity goes back to her childhood, Basinger admits. "I was self-conscious about my lips. As a kid, I was called derogatory names. It was very painful," says Basinger, who was raised with her four brothers and sisters in the small city of Athens, Georgia. Her father was a loan-office manager, her mother a former model. "Kim used to come home from school in tears, and she would put her hand over her mouth to cover it when she talked," says her sister, thirty-nine-year-old Ashley Brewer. "She was also taller than all the girls at school," she says of her five-foot-seven-and-a-half-inch sister. "They called her 'Skyscraper' and 'Giraffe.' She couldn't wait to get out of school."

Basinger got her chance when she won the Athens Junior Miss Crown. The teen, who used to press her lips together to minimize them in photographs, didn't even bother to show up for the pageant portrait. "All the runners-up are there, and the queen is not in the middle!" remembers her sister. "I said, 'Gosh, Kim, after those girls belittled you all those years?' I cried because I was so happy for her, because I knew that she was going to get out of Athens."

Sure enough, Basinger caught the attention of Eileen Ford, and set off for New York, where she became a top model. After five years, she moved to Los Angeles to pursue her real love, acting. But the bombshell roles she landed, from Bond to *Batman*, have not made a dent in how she saw herself as a kid. "The other night I told Alec, 'When you are dealing with people, remember that sometimes they are still only thirteen-year-olds.' Basically, you're left in that school lunchroom and you are going to deal with it the rest of your life until you face your insecurities."

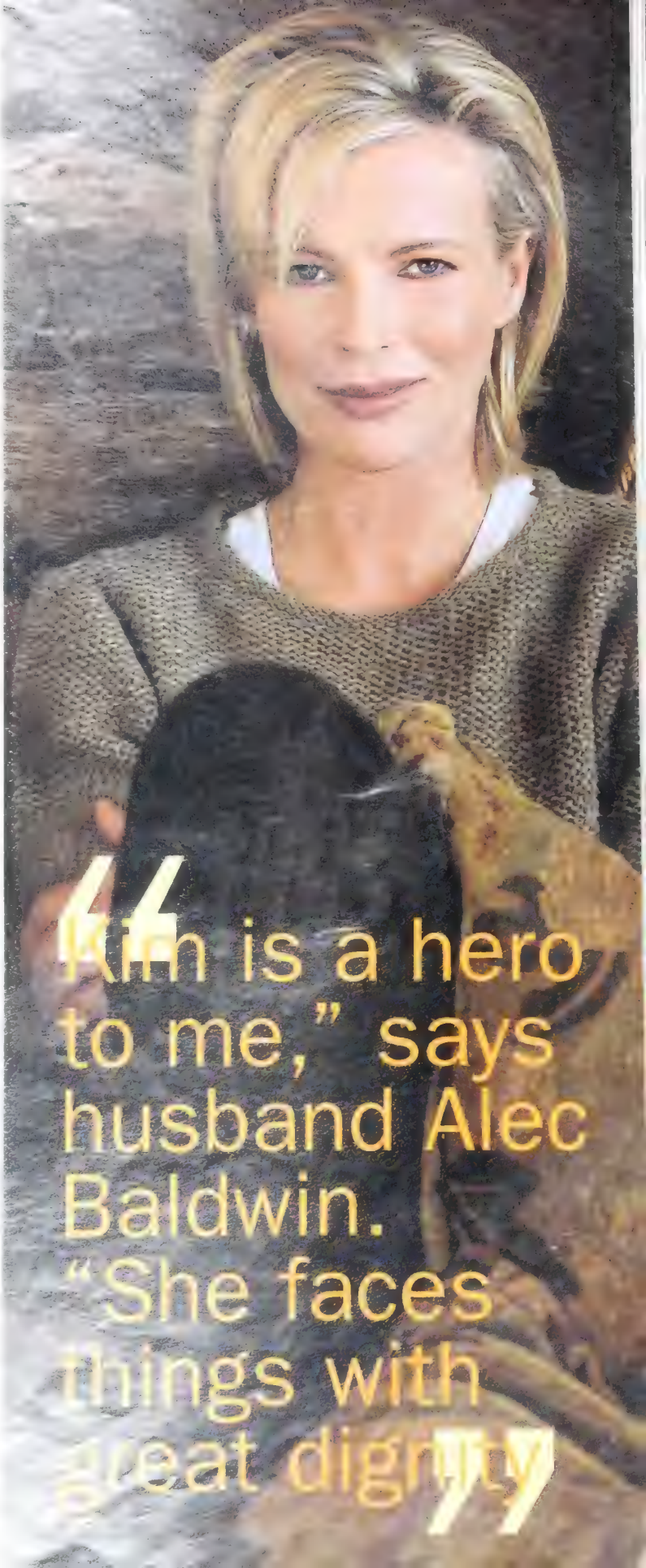
Perhaps her inability to defend herself as a kid

is what makes her so determined to lend her voice to those who can't speak out—animals. "Kim believes that animals have a soul, like humans, but they don't have a choice. So what would your attitude be toward a child who was mute or impaired?" says Baldwin. Over the years the actress has become increasingly involved in animal protection. She has been working with PAWS (Performing Animal Welfare Society) to get elephants out of traveling shows and circuses, and PETA (People for the Ethical Treatment of Animals), continuing to pose for antifur posters when other celebs have started donning furs again. Most recently, she waged an all-out campaign to stop a cruel drug-testing experiment in a New Jersey laboratory.

When PETA tipped off the actress that forty beagles were going to have their legs broken in order to evaluate an osteoporosis drug that had already been tested on humans in Japan, Basinger jumped into action. She wrote a letter of protest to the Yamanouchi pharmaceutical company, got it published in the *New York Post* and appeared on *Entertainment Tonight*, urging the public to flood the lab with letters. "Because of the pressure from the public, the pharmaceutical company pulled out of the experiment," says Basinger with pride.

But when the actress went to retrieve the pups, which Yamanouchi had agreed to hand over, the lab refused to cooperate. "For months, we just stayed on it," says Basinger, who went back on *ET* to appeal to the public for help, and then enlisted the aid of New Jersey Senator Frank Lautenberg. Finally, the lab released the dogs to the American Humane Association, which arranged for them to be rehabilitated and put up for adoption. "All I can do is bring the press to the problem and say, 'Do something with it.'" she says. "People, in numbers, can move mountains with their compassion."

Basinger has moved a few herself. "Let me tell you a story about my wife," says Baldwin. "Once we saw this dog get hit by a car on the Ventura Freeway. Kim screams at me, 'Get out of the car, you gotta go get that dog!'" he explains. "Now, we are on our way to work. We are making a movie. An argument can be made that we could get this dog only if we exerted a *monumental* effort. She says, 'Go and get the dog.' I had to run miles and miles to catch up with it. We wind up being an hour late for work. We take the dog home, and four weeks later, the dog has ten puppies in our garage," he says, laughing. "Kim is someone who will go to any length to do what she needs to do. That's why I love her."



THESE WOMEN AR



E HIDING 50 LBS.



Why is it the clothes we love most are the hardest to wear? Anyone can sport an oversize jacket or sweater, but the clothes that really have style—tiny tops, knits, slim-cut separates—also happen to be the most unforgiving. But finally, thankfully, modern technology has caught up with fashion design. These women have shaved ten pounds apiece simply by slipping on shapewear that targets their trouble spots. And these super slimmers are not instruments of torture, despite what you might think. Just turn the page to see for yourself.

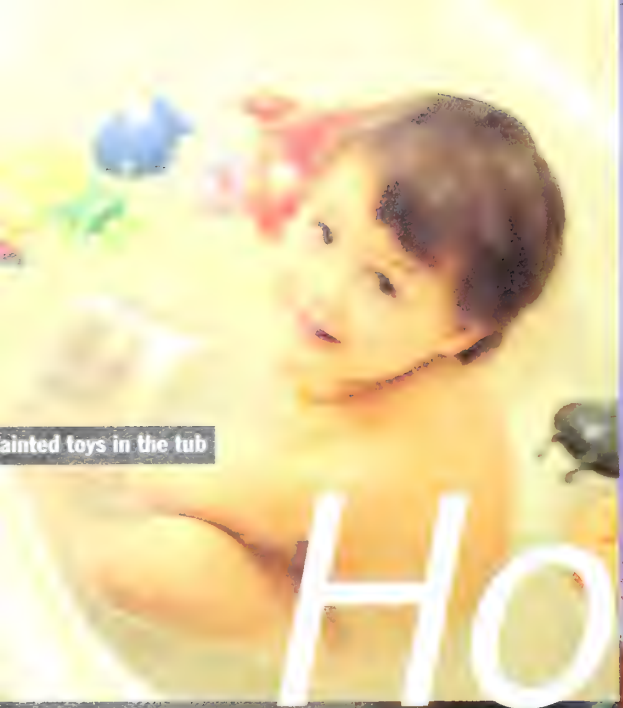

a veritable thigh master, in Lycra and spandex
sling construction flattens front and lifts rear
extra-wide waistband neatly eliminates sausage roll
Curve control never had

The Undercover Story

Imagine, undergarments powerful enough to carve out a waist where one barely exists or slenderize stubborn saddlebags—*and* that look almost too good to hide! Today there's a bodyshaper solution for just about any figure problem, as these women were extremely happy to discover. From left: **ON KAMARA: The Skinny Slip by Vanity Fair** (style 40-194, $25) slims a tubby tummy and smoothes midriff bulge, thanks to a heavy-duty dose of spandex (12%). And the **Victoria's Secret Second Skin Satin Full Coverage Bra** ($28) gives the kind of invisible support you need under a close-fitting sweater. **ON AMBER:** A fitted white tee becomes wearable (even though Amber is size 36D) thanks to the frill-free design and superstrength spandex (100%) of **Olga's Secret Shapers Underwire Bra** (style #33009, $25). The **Wonderbra Sheer Shaping Leg Liner** (#7147, $24), with its bike-pant look (and 37% spandex count), slims parts farther south. **ON LAUREN: Va Bien Fanny Fabulous** nylon shaper (#5283, $30) does double duty, flattening the tummy and boosting the butt. Sling construction makes its 13% spandex blend seem like more. **Wacoal's seamless support Bodysuede bra** (#85182, $36) has an underwire frame to counteract sag and give shape. **ON [illegible]:** There's no bulge-making break at the waist with a **[illegible]** (14% spandex, #NG692, approximately $50), also blessed with a built-in underwire bra and supercomfortable allover hold. **ON LACEY:** It looks like workout wear, but it's actually **Smoothie's Body Re-Former II** (#4052, $49.50), an extra-firm control one-piece.



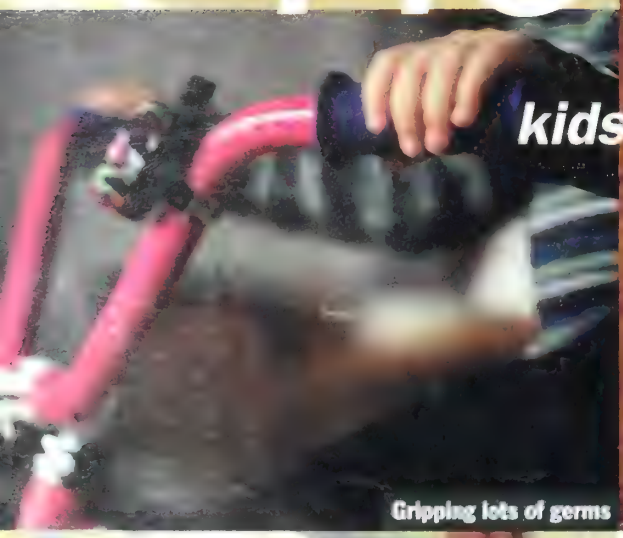
it so sex



ainted toys in the tub

How Clea

Can your baby get sick fro
kids touch—and chew on—to se



Gripping lots of germs



A clean toy bar

YOUR TODDLER IS IN THE LIVING ROOM. He's looking for something, *anything* that will amuse him for the next thirty seconds. He picks up a toy, tosses it aside, pets the dog, runs up to the TV and smacks his hands to the screen, sticks the remote control in his mouth and finally settles on a plastic pickup truck. Moments later, he's munching on a cookie.

Kids. There's hardly anything they leave untouched. If there is a virus to be caught, you can be sure they'll do their darnedest to catch it—and spread it around fast. In a recent study, researchers examined the way kids spread germs by painting rubber balls with a harmless solution of cauliflower DNA and then tossing the balls into the middle of a typical day-care center. Within hours, the DNA was all over: on the walls, toys, chairs, telephone, refrigerator, benches and toy boxes. It had even spread into the kids' homes, where it was found on high chairs, toys, cribs, tubs and beds, says researcher Xi Jiang, Ph.D., assistant professor at the Center for Pediatric Research, a program between Children's Hospital of The King's Daughters and Eastern Virginia Medical School, in Norfolk, Virginia. All the kids had it on their

n Is It?

is pacifi… …ed fifte…

…where the dangers lurk…ay … …ufos



Quieting cries and causing infections



Snuggling up to bacteria?



A bowl full of *E. coli*

…ands at the end of the first day, and so did several family members …y the second day.

But just what kinds of *germs* are kids likely to come in contact with …n any normal day? Spurred by horror stories of flesh-eating bacteria, *E.coli* poisonings from hamburgers and apple cider, and bacteria outbreaks in hospitals, LHJ recently sent reporters to wipe sterile swabs …ver ordinary kid stuff around the country, then sent the swabs to Micrim Labs, in Fort Lauderdale, Florida, for analysis. In our samples, some results were positively frightening; others were amazingly …ame. Not surprisingly, we turned up lots of the germs that lead to …he kinds of illnesses children get all the time (luckily most are fairly …nild). The bottom line: You never know where your kids might …ome into contact with harmful microbes.

What we found

…ET FOOD BOWL

…A twenty-year-old dog bowl, this object turned up the grossest results …y far—a heavy growth of *seven* types of bacteria, including *Pseudomonas …eruginosa* (which can cause infections in cuts, the eye and upper …espiratory tract, as well as diarrhea).



…filthy classroom play table



28 days to

Give us a month, and we'll give you the glow you've



DAY 1. Be sure you're using a SKIN-COMPATIBLE CLEANSER on your face as step one of your new routine. That means a moisturizing bar or gel if you have dry skin, or a salicylic acid cleanser if your skin is oily or acne-prone. Everyone should skip irritating deodorant soaps. **2.** Add a MANUAL EXFOLIANT like a soft terry washcloth or cleansing scrub to your face-washing routine once or twice a week to de-blotch uneven skin tone and make skin look younger. **3.** Really start wearing a SUNBLOCK every single day—and don't overlook the tops of your hands! **4.** Apply an EYE CREAM or gel twice a day using the pros' "playing the piano" technique—tap around eyes with pads of fingers, without stretching or pulling the skin.

perfect skin

always wanted—from [illegible]. By Lois Joy Johnson



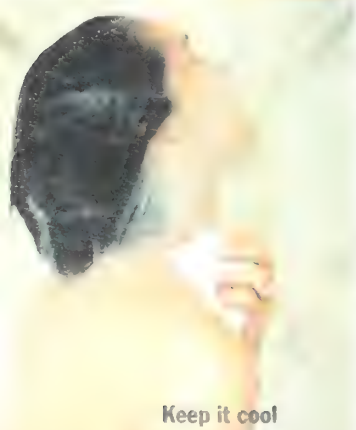
Reconsider your cleanser



Neck and chest count!



A washcloth works wonders



Keep it cool



Skin-plicity itself

5 Upgrade your facial skin-care routine by including a daily **ACID-BASED TREATMENT** (alpha- or beta-hydroxy acids or a complex moisturizer that contains both). This sloughs off dead cells and plumps the epidermis so skin seems smoother. Newest: Revlon Age Defying Performance Skincare Face Lotion.

6 Instead of using soap in the shower, switch to a **BODY GEL OR WASH** that helps skin hold moisture. Try Nivea Moisturizing Body Wash or Oil of Olay Moisturizing Body Wash. Avoid really hot showers or soaks, which irritate dry skin.

7 Get enough **SLEEP.** Your face is the first place signs of sleep deprivation appear, and at least eight hours a night is essential. While you're catching those winks, battle fine lines with Estée Lauder Diminish Retinol Treatment, excellent for the thin-skinned eye area.

8 Treat skin on your **NECK AND CHEST** as you do your face—cleanse, moisturize and apply sunscreen (but never exfoliate this delicate skin or apply alpha-hydroxy acid creams). Chest skin is blemish prone? Then be sure to use oil-free products.

9 **ZAP ZITS** before they become eyesores with a "spot control" treatment. Choose one with salicylic acid, a drying agent (for oily skin that is breakout-prone), or benzoyl peroxide, an antibacterial ingredient (to treat red, inflamed blemishes).

10 Eat a **BALANCED LOW-FAT DIET,** which benefits your health and your skin. In a study at Baylor College of Medicine, in Houston, people on a low-fat diet for two years had 70 percent fewer precancerous lesions.

11 Restore smoothness to rough, cracked feet and elbows with **INTENSIVE SPOT TREATMENTS** of a cream rich in urea (a healing ingredient) or menthol (to soothe discomfort). Best bets: H_2O Plus Smoothing Mint Foot Rub, U-Lactin.

12 Start using a **FRUIT ACID HAND CREAM** daily to counteract signs of age.

13 Incorporate **MASSAGE** into your daily application of hand cream. Using reflexology techniques, apply pressure with your fingertips. Just five minutes can relax you and de-tense muscles.

14 For undetectable coverage of blemishes and discolorations, get a **CONCEALER** that's a perfect match for your skin. For eye area, choose a silky fluid texture, such as Maybelline Great Wear Concealer; for "red zones," an opaque stick, like Lord & Berry Conceal-It Concealer, works best.

15 Get your **ONCE-A-YEAR SKIN CHECK** at the dermatologist. If the appearance of moles has recently changed, have them evaluated.

16 Use a **LIGHT SELF-TANNER** instead of daily camouflage of concealer and foundation—an easier and just-as-effective way to mask blotchiness and broken capillaries.

17 Keep a **HUMIDIFIER** going in rooms made dry by forced heat, and bring in green plants that add moisture to the air and your skin.

18 Treat extra-dry skin on **ARMS AND LEGS** with an alpha- or beta-hydroxy acid moisturizer every day. The sloughing action and emollients of products like Nivea Skin Smoothing Complex can combat dryness and scaly texture.

19 Make a monthly **PEDICURE** part of your beauty routine. Soak feet, pumice hardened skin, retract cuticles and groom nails.

20 Learn to apply **FOUNDATION** as sheerly as possible. Start with a primer of moisturizer, so blending is even. Then, for best results, apply with a damp makeup sponge and buff with a clean cotton puff.

21 Wear **SUNGLASSES** with full UVA/UVB protection every day to avoid squinting and reduce sun exposure to the eye area. Best protectors are modified cat's eyes and elongated ovals or wraparounds.

22 **SIMPLIFY YOUR ROUTIN** and switch to a sensitive skin line of products if skin appears rough and reddened, and stings or burns. If you are using an alpha-hydroxy acid, discontinue until irritation subsides. Decrease exfoliation.

23 Try **RENOVA,** the first prescription face crean approved by the FDA to minimiz sun damage. Start now, and you will see a noticeable difference in three months.

24 Get a **"LUNCHTIME PEEL"** at the dermatologist's, a painless procedure in which glycolic aci is wiped over the face to unclog pores and smooth texture.

25 Protect **LIPS** from dryness, peeling and cracking by using an emollient-rich lip balm with sunscreen, like Blistex or Kiehl's, every day especially in cold weather.

26 **SMOOTH ON YOUR VITAMINS:** Antioxidants A, E, C and beta-carotene combat free radicals, naturally occurring compounds that contribute to aging and cancer. A hot skin booster to tr now: Lancôme Vitabolic with vitamin C.

27 Start **WORKING OUT** thre times a week. You'll develop a healthier glow as you circulation improves. Drink plen of water to prevent dehydration that can make skin look gray.

28 **STREAMLINE** your skin-care routine by trying ne products that do two jobs at onc such as just-out high-tech cleanse that clean the skin and restore natural acid balance, making ton use obsolete. Try Bioré Non-Foaming Cleansing Gel or Pond Cleansing Lotion and Moisturize

...ANT CLINICAL PROFESSOR OF ...HYSICIAN ST. LUKE'S ...MED CINE, SAN FRANCISCO


The only
skin
and so

THE HOUSE TH



AT HAS IT ALL



...e of dream...
...o comfort...
Kimberlie A. Waugh

...n the living and dining rooms, intricate carvings highlight the Mediterranean-inspired curves of Thomasville furniture. Robert Allen cotton and silk draperies are hung on rods with finials from Graber and matched with Hunter Douglas shades. Conso's decorative trimmings accent the window treatments, pillows and place mats. Nourison's silk wool rugs have the faded beauty of antiques



EVERYONE HAS A DREAM HOME, even though it may be more the stuff of reverie than an actual residence. But what kind of house does one's wildest imagination construct? This year LHJ and a team of building and design-industry experts—Gage Homes, Bloodgood Sharp Buster Architects & Planners, Inc., *Builder* magazine, the National Association of Home Builders and the National Council of the Housing Industry—sought to find out, building a wish-fulfillment fantasy in the form of a show house jam-packed with all the latest and greatest styles and technological innovations, and that's drop-dead beautiful to boot.

When walking into the 1998 New American Home in Dallas, a sprawling 4,783 square feet of dramatically designed space, one is immediately struck by the home's formal fine finishings—the rich moldings, gleaming wood and stone floors, the elegant fixtures. Even the floor plan feels elegant, with separate formal living and dining rooms, a scheme that seems to have been on sabbatical in recent years as double- and triple-duty great rooms became popular.

But this home is no museum piece, and there's a kick-up-your-feet-and-get-comfy side to its elegance. "The house lends itself to a simple lifestyle," points out interior designer Michael Foster, who selected Thomasville's Mediterranean-inspired oversize furniture with faux-aged finishes to make the rooms refined yet inviting. The Bruce Hardwood flooring throughout the house, which has been scraped for a rustic aura, is finished with Flecto stain *(continued)*

The island has been raised to hide a potentially messy cooktop and sink, so that architectural elements like Conac's cabinetry (built to match the cupboards in the hearth and family rooms) and DuPont's Corian granitelike countertops get the attention they deserve



With the increasing interest in gardens, we wanted to give homeowners a really sunny, beautiful space to watch their plants and flowers grow

(continued) and polyurethane, so they'll wear well and clean easily. JCPenney accessories, such as antique-looking lamps, and Deck The Walls' map artwork add an air of old-worldliness without the stuffiness.

What looks like luscious green suede on the walls in the living room and a damask-print paper in the dining room is actually custom decorative painting and finishing by Sanders Studio, which used Glidden's deep-tone colors for the base and Plaid Enterprises' specialty painting tools. Window treatment accessories from Montgomery Ward and Conso's decorative trimmings on the draperies and pillows are made with sensual fabrics like high-thread-count cotton and silk.

Casually elegant though these rooms are, our team recognized that families like to spend their time together in still-less-formal surroundings. To wit: An open swath of space was *(continued)*



A restaurant-style Viking range offers six burners and a griddle, as well as industrial-size ovens

"The hearth room is the perfect example of Mediterranean casual elegance," says Foster. "If you're going to have dinner there every night, why not make it as beautiful as it is comfortable?"

Far from stuffy, the new formality has a relaxed, kick-up-your-feet air about it

(continued) created by connecting the kitchen, family room and hearth room (a breakfast room with a fireplace), then filled with every convenience and comfort imaginable.

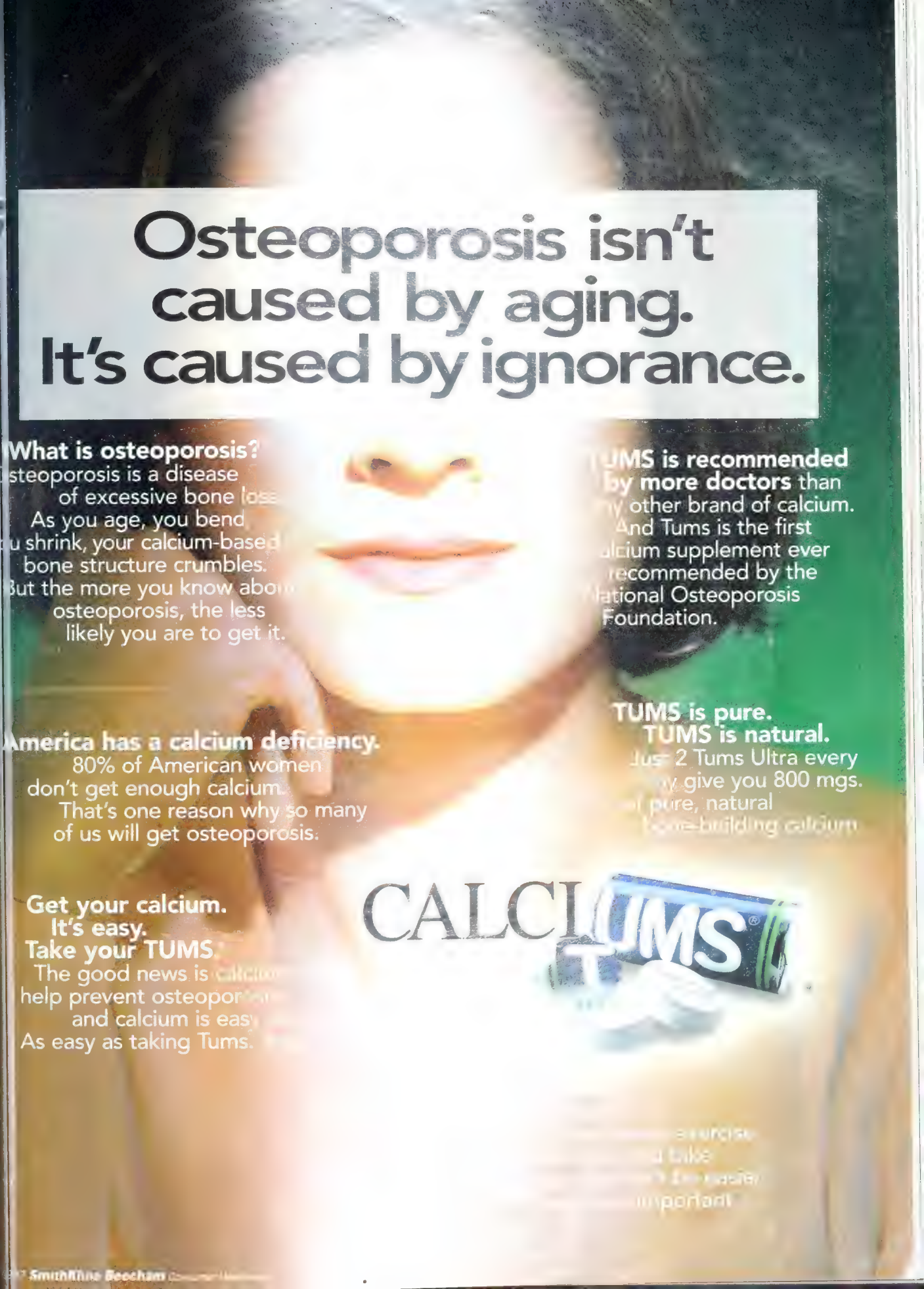
The family that cooks together stays together, to rephrase an old saying, and in the dream kitchen, Mom, Dad and the kids all have room to enjoy the luxurious amenities. Besides, with its restaurant-style industrial kitchen appliances, Corian-covered countertops, and multiple sinks, ovens, microwaves and refrigerators in compartmentalized zones, too many cooks couldn't possibly spoil the broth in this kitchen. There's even a computer center so you can look up recipes, stock quotes or keep an eye on the kids' homework without being isolated in another part of the house.

Of course, if you need a little peace and quiet, you can always *(continued)*



The bookcase in the hearth room has built-in Sub-Zero drawers (above) for milk, juice and condiments, so you don't have to run back and forth to the kitchen. Adjacent to the hearth room and kitchen is the sun-drenched family room (right), where oversized Thomasville furniture in mixed fabrics of paisleys, checks and tweeds gives a cozy, country-club feeling



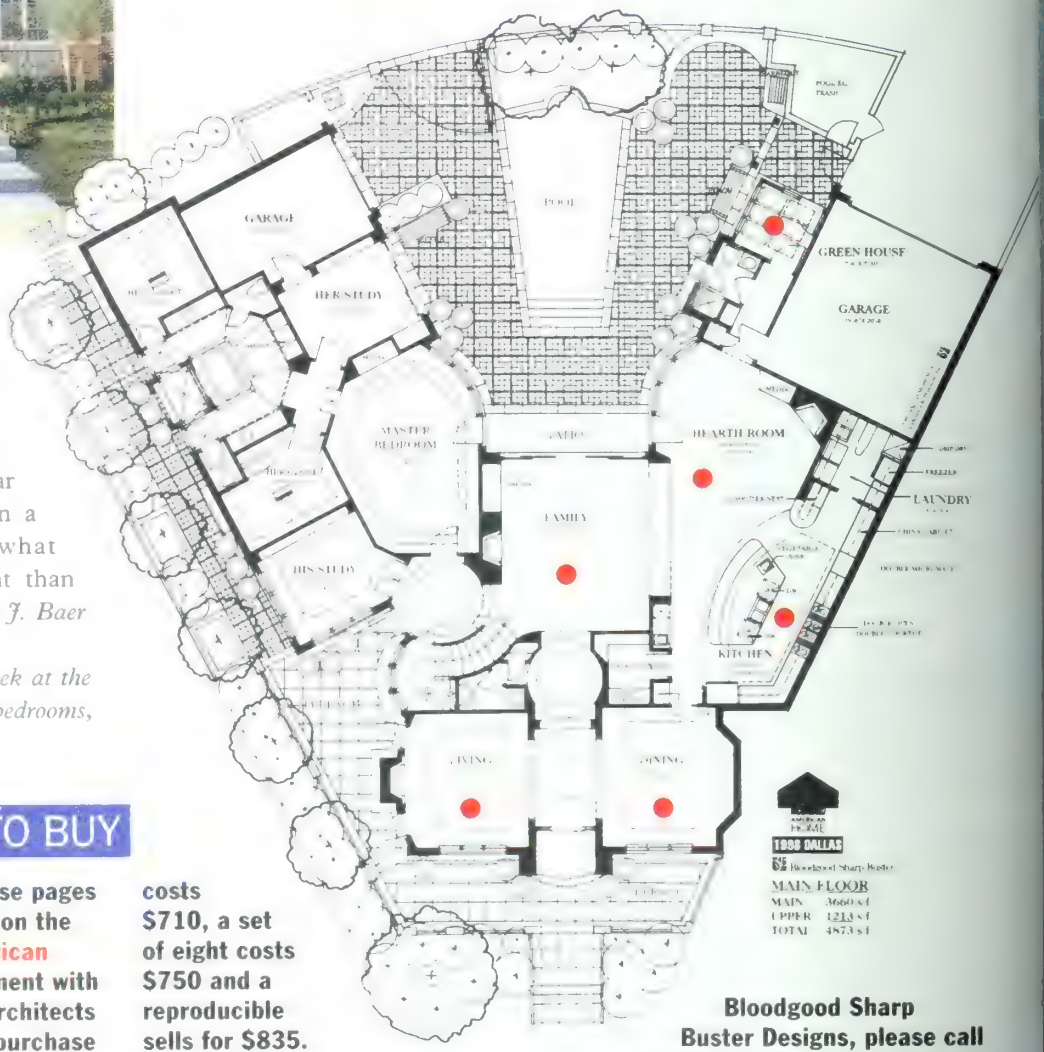

Osteoporosis isn't caused by aging. It's caused by ignorance.
What is osteoporosis?
steoporosis is a disease of excessive bone los
As you age, you bend u shrink, your calcium-based bone structure crumbles. But the more you know abo osteoporosis, the less likely you are to get it.
UMS is recommended by more doctors than other brand of calcium. And Tums is the first lcium supplement ever recommended by the ational Osteoporosis Foundation.
TUMS is pure. TUMS is natural.
Just 2 Tums Ultra every give you 800 mgs. pure, natural
America has a calcium deficiency.
80% of American women don't get enough calcium. That's one reason why so many of us will get osteoporosis.
Get your calcium. It's easy. Take your TUMS.
The good news is calcium help prevent osteopor and calcium is easy As easy as taking Tums.
CALCI TUMS
exercise
take
important
SmithKline Beecham



The V-shaped floor plan is perfect for entertaining and family activities, as well as for privacy

(continued) escape to the room Foster calls "pure bliss," the sun-flooded greenhouse, overlooking the pool and patio, where your blooms unconditionally love to hear your philosophies. Now, in a home full of luxuries, what could be more extravagant than that? —*Deborah J. Baer*

Next month, in Part II, a peek at the home's private quarters: the bedrooms, baths and studies.



FLOOR PLANS TO BUY

The rooms featured on these pages are marked with a red dot on the floor plan of the New American Home. By special arrangement with Bloodgood Sharp Buster Architects & Planners, Inc., you can purchase a detailed study plan for $50, or the complete blueprint. One blueprint costs $665, a set of four costs $710, a set of eight costs $750 and a reproducible sells for $835. If you would like to order any of the plans mentioned or would like a catalog of additional Bloodgood Sharp Buster Designs, please call 800-752-6728 and mention The New American Home featured in *Ladies' Home Journal*.

Photos, Peter Vitale. Designer, Michael Foster. Fashion stylist, Suzanne Smallwood. Hair and makeup, L.B. Rosser. Models, Kim Dawson. Throughout the house unless otherwise specified: furniture, Thomasville Furniture Industries Inc.; tiebacks, drapery/pillow trim, Conso Products Co.; custom and pre-framed wall art, Deck The Walls, Inc.; painted furniture artist, Susan Goans Driggers; cabinetry, Canac Kitchens A Division of Kohler Ltd.; countertops, DuPont Corian; embroidery for place mats, napkins created using a Husqvarna Viking Sewing machine as well as drapery treatment fabrication, Husqvarna Viking Sewing Machine Co.; pillow forms, Fairfield Processing Corp.; throws and cotton blankets, Faribault Woolen Mill; candles, Flintlock Faroy; floor stain, Flecto Co.; computers, Gateway 2000; outdoor lights and hanging interior lights, Lights Fantastic; Graber hardware and Hunter Douglas Window Fashions, cordless telephones, available at Montgomery Ward; "Shur-Stik" wallpaper prep material, Gibson-Homans; paint, Glidden; hearth products, Hearth Products Assoc.; stainless-steel sinks, Kindred; faucets, Moen; decorative accessories, lamps, kitchen accessories, tableware, small appliances, available at JCPenney Stores and catalog; area rugs, Nourison; decorative paints, stencils, glazes, faux finishes and specialty paint tools, Plaid Enterprises; tiles, Porcelanite, Inc.; ceiling fans, Quorum International; fabric for window treatments, pillows, table linens, Robert Allen; decorative painting, Sanders Studio, Inc.; flowers, The Garden Gate; antiques, The Whimsey Shoppe; overall painting, Goldsmith & Jackson Painting & Decorating. DINING ROOM: Plants, Tru-Green ChemLawn Plantscaping; dishes, glasses, Crate & Barrel; chandelier, Schonbek Worldwide Lighting, Inc.. KITCHEN: disposal and hot-water dispenser, In-Sink-Erator; microwaves, wine cooler, KitchenAid Home Appliances; refrigerator and drawers, Sub-Zero Freezer Company; range, double dishwashers, Viking Range Co.; bar stools and wicker accessories, Palecek; wooden basket with spoons, The Whimsey Shoppe. GARDEN ROOM: faucet, Gerber Plumbing Fixtures Corp.; hanging vases, Flintlock Faroy. HEARTH ROOM: decorative basket on cabinet, The Whimsey Shoppe. Details, page 181.

SPECIAL SURFACES DESERVE SPECIAL CARE.



Those special surfaces. Hardwood, newer no wax floors, marble, brass, ceramic tile. You don't trust them to ust any cleaner. You probably buy a arate cleaner for each one. You don't have to. Mr. Clean® Special Care safely cleans them all. This Mr. Clean is designed to be gentle and effective with absolutely no harsh solvents. So go ahead, give him your special surfaces. You'll get back a spectacular shine.

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Wednesday Night Wonders















Even if it's a weeknight, you always have time to make something delicious with soups, sauces and side dishes from ***Knorr***. Comments? Questions? More fast and fabulous recipes? Give us a call at 1-800-338-8831.

Knorr 3-Step Country French Chicken

Makes 4 to 6 Servings — ***Total Time: 20 Minutes***

2 Tbsp butter or margarine
1½ lb boneless, skinless chicken breasts
1½ cups water
1 pkg *Knorr* Spring Vegetable Soup and Recipe Mix
2 Tbsp flour
½ cup sour cream

❶ In large skillet, melt butter over medium-high heat. Add chicken and brown, turning occasionally; about 5 minutes.
❷ In a bowl, stir water, soup mix and flour until blended. Stir into skillet; bring to a boil. Reduce heat; cover and simmer, stirring occasionally, 10 minutes or until chicken is tender. Place chicken on platter.
❸ Remove skillet from heat; stir in sour cream. Spoon sauce over chicken.

B

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Where taste is everything.®

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FOOD

JOURNAL



Creole Chicken Stew
from *Chicken in a Hurry*



Warm Chocolate Mousse
from *Hot Chocolate!*



NICE AND COZY

Facing another cold or gray day? Who cares when the indoor options are so deliciously tempting? Such as **Dinner and a Movie**—your favorite video and softest sofa, along with *Forrest Gump* shrimp or *Godfather* pasta. Or chocolate **desserts** that are warm and creamy. You say "quick-cook" is your definition of comfort? Then our **express chicken dinners** will make you exceptionally happy!

Warm Chocolate Mousse

This lighter-than-air chocolate mousse is as rich and luscious as chocolate soufflé.

Prep time: 25 minutes plus chilling
Baking time: 33 to 35 minutes

Mousse
- *4 ounces unsweetened chocolate squares*
- *6 tablespoons butter*
- *⅓ cup water*

Sugar
- *6 large eggs, separated*
- *Pinch salt*

Whipped cream

1. *Mousse:* Heat chocolate, butter and water in a saucepan over medium-low heat, stirring, until chocolate is melted; whisk until smooth. Pour into a bowl and refrigerate 30 minutes, whisking occasionally, until cool.
2. Meanwhile, heat oven to 350°F. Grease a 2½-quart 2-inch deep baking dish; coat with sugar.
3. Bring large pot of water to boil. Beat yolks and ½ cup sugar in mixer bowl until pale yellow and thick. Beat egg whites and salt in clean mixer bowl with clean beaters to soft peaks. Gradually beat in ¼ cup sugar; beat until stiff. Whisk yolk mixture into cooled chocolate. Gently fold in beaten whites, one third at a time, with whisk, just until blended. Pour into prepared baking dish.
4. Place baking dish in a shallow roasting pan on center oven rack. Pour boiling water into roasting pan to come halfway up sides of baking dish. Bake 33 to 35 minutes, until top springs back when lightly pressed in center. Remove baking dish; cool on wire rack 10 minutes. Serve with whipped cream. Makes 12 servings.

Per serving without whipped cream: 195 calories, 14 g total fat, 7.5 g saturated fat,

Creole Chicken Stew

A great cut for this fast, yet satisfying meal is boneless, skinless chicken thighs.

Prep time: 20 minutes
Cooking time: 15 minutes

- *1 tablespoon olive oil*
- *1 medium green pepper, cut into ½-inch dice*
- *1 medium onion, chopped*
- *1 package (1½ lbs.) boneless, skinless chicken thighs, cut into 1-inch chunks*
- *½ teaspoon salt*
- *¼ teaspoon pepper*
- *¼ pound smoked ham, or 3 slices bacon, chopped*
- *2 teaspoons minced garlic*
- *¼ cup white wine*
- *1 can (15 or 16 oz.) whole tomatoes in puree, chopped*
- *⅔ cup water*
- *½ teaspoon oregano*
- *½ teaspoon cumin*
- *¼ teaspoon thyme*
- *½ teaspoon red pepper sauce*
- *½ pound fresh green beans, trimmed and cut into 1-inch pieces*
- *Cooked rice*

1. Heat oil in 12-inch skillet over medium-high heat. Add pepper and onion; cook, stirring, 4 to 5 minutes just until tender. Transfer to bowl.
2. Add chicken to skillet. Sprinkle with salt and pepper; cook, turning pieces until browned. Add ham and garlic; cook, stirring, until browned. Add wine; cook 1 minute. Stir in tomatoes, pepper-onion mixture, water, oregano, cumin, thyme and red pepper sauce; bring to a boil. Add beans. Reduce heat; cover and simmer 15 minutes, until chicken is cooked through. Serve over rice. Makes 4 servings.

Per serving without rice: 340 calories, 12 g total fat, 3 g saturated fat, [illegible] 42 g protein, 100 mg calcium



Chocolate Swirls

Microwave one 1-ounce dark or white chocolate square in heavy-duty plastic storage bag on High 1 minute. Let stand 1 minute; gently squeeze bag until chocolate is smooth. Cut a very small hole in one corner. Decoratively pipe chocolate into 6 wine or parfait glasses. Let harden, then fill with pudding, mousse or ice cream.

Bubba's Shrimp Boil

Forrest Gump
Test Kitchen Favorite

As you watch Forrest reel in buckets of shrimp, you'll dig into a pot of your own, seasoned with onions, garlic, jalapeño and whole spices.

Prep time: 20 minutes
Cooking time: 25 minutes

- *1½ pounds large shrimp in shells*
- *4 large garlic cloves*
- *1 small onion, chopped*
- *1 lemon, halved*
- *¼ cup pickled jalapeño slices*
- *2 tablespoons kosher salt*
- *2 bay leaves, crumbled*
- *2 teaspoons coriander seeds*
- *2 teaspoons mustard seeds*
- *2 teaspoons black peppercorns*
- *1 teaspoon celery seed*
- *1 teaspoon red pepper sauce*
- *Lemon wedges*
- *Prepared creamy potato salad (optional)*

1. Make a slit through shell down center of each curved side of shrimp to the tail. Remove vein. Refrigerate shrimp in bowl.
2. Meanwhile, bring 2 quarts water and remaining ingredients (except lemon wedges and potato salad) to boil in medium Dutch oven or large saucepan over medium-high heat. Boil 20 minutes. Add shrimp; return to boil and remove from heat. Cover and let stand 5 minutes. Drain shrimp in large colander. Transfer shrimp and any remaining spices to 4 serving bowls. Serve with lemon wedges and potato salad, if desired. Makes 4 servings.

Per serving without potato salad: 155 calories, 2.5 g total fat, .5 g saturated fat, 210 mg cholesterol, 797 mg sodium, 4 g carbohydrates, 29 g protein, 92 mg calcium

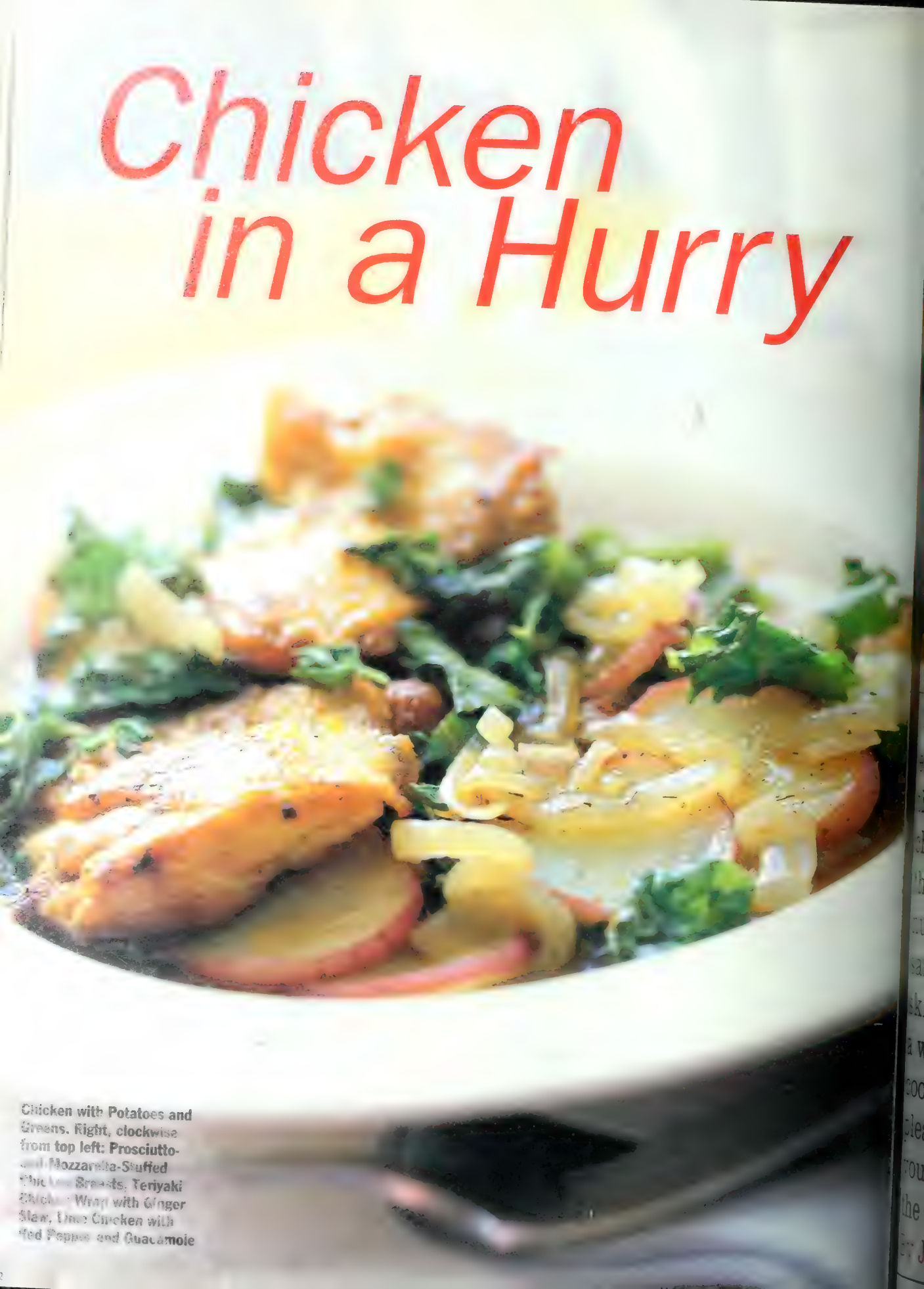
NO-FRY FRENCH FRIES



Sound too good to be true? It's easy with all natural Pam® made with pure canola oil. Just slice a large potato into 1/4-inch sticks. Spray Pam on cookie sheet. Place potatoes in single layer and spray Pam again directly on potatoes. Season to taste. Bake in preheated 400° oven for 30 to 40 minutes. Turn potatoes every 15 minutes until crisp. Enjoy.

The natural ingredient for fat-free cooking™

Chicken in a Hurry



Chicken with Potatoes and Greens. Right, clockwise from top left: Prosciutto- and Mozzarella-Stuffed Chicken Breasts, Teriyaki Chicken Wrap with Ginger Slaw, Lime Chicken with Grilled Peppers and Guacamole





When speed is of the essence, nothing fills the bill better than chicken—breasts, thighs, tenders and nuggets. Tossed in a salad, sautéed in a skillet or mixed into a wrap, our fast-cooking ideas will please everyone at your table—especially the unharried chef!

By Jan Turner Ha





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CHICKEN IN A HURRY

Continued

○ Easy ● Challenging ▼ Low-fat
◒ Moderate ○ Microwave ▽ Low-calorie
❄ Can be frozen up to 1, 3, 6, or 9 months



CAESAR SALAD WITH CHICKEN CROUTONS

All you need to do is bake prepared chicken nuggets (the "croutons" of this dish) to easily—and quickly—transform a classic Caesar salad into a satisfying main dish.

Prep time: 15 minutes ○
Baking time: 15 to 20 minutes

1 package (9 to 12 oz.) cooked, breaded, boneless chicken-breast nuggets
1 medium head romaine lettuce (1 lb.), torn into bite-size pieces
1 medium head radicchio (½ lb.), torn into bite-size pieces
1 medium yellow pepper, finely chopped
1 hard-cooked egg, finely chopped

Dressing
½ cup mayonnaise or salad dressing
¼ cup freshly grated Parmesan cheese
2 flat anchovy fillets
2 tablespoons fresh lemon juice
1 tablespoon water
1 large clove garlic, crushed
¼ teaspoon freshly ground pepper

¼ cup freshly grated Parmesan cheese

1. Cut each chicken-breast nugget into quarters. Arrange pieces on a large jelly-roll pan and bake according to package directions.
2. Meanwhile, toss romaine, radicchio, pepper and egg in bowl. Set aside.
3. *Make dressing:* Puree all ingredients in blender until smooth. Pour dressing over salad and toss well. Add hot chicken and toss again. Serve immediately with ¼ cup Parmesan cheese. Makes 4 servings.

PER SERVING		DAILY GOAL
Calories	505	2,000(F), 2,500(M)
Total fat	30 g	60 g or less (F), 70 g or less (M)
Saturated fat	9 g	20 g or less (F); 23 g or less (M)
Cholesterol	107 mg	300 mg or less
Sodium	1009 mg	2,400 mg or less
Carbohydrates	20 g	250 g or more
Protein	12 g	55 g to 90 g
Calcium	240 mg	1,000 mg (F); 1,000 mg (M)

CHICKEN WITH POTATOES AND GREENS

Comfort food at its best. Chicken, potatoes and all the right seasonings are cooked up in no time in one skillet, with greens stirred in at the end.

Prep time: 15 minutes ○
Baking time: 30 minutes

1 package (2¼ to 2½ lbs.) boneless chicken thighs
¾ teaspoon salt, divided
½ teaspoon freshly ground pepper, divided
1 tablespoon olive oil
2 large onions, sliced
3 cloves garlic, crushed
2 shallots, sliced
1 pound red potatoes, thinly sliced
1¼ cups chicken broth
2 tablespoons fresh thyme or ½ teaspoon dried
2 cups chopped chicory

1. Heat oven to 400°F. Heat a 12-inch ovenproof skillet over medium-high heat. Season chicken with ½ teaspoon salt and ¼ teaspoon pepper. Add chicken, skin side down, to skillet and cook 4 to 5 minutes per side, until browned. Transfer chicken to plate. Discard drippings and wipe out skillet with paper towel.
2. Heat oil in same skillet over medium heat. Add onions, garlic and shallots and cook 5 minutes, until onions are softened. Add potatoes, broth, thyme and remaining ¼ teaspoon salt and pepper; bring to boil. Place chicken pieces skin side up on top of vegetables; cover skillet and bake 20 minutes. Uncover and bake 10 minutes more, until chicken is cooked through and potatoes are tender. Stir in chicory until wilted, about 2 minutes. Makes 4 servings.

Per serving: 625 calories, 32 g total fat, 8 g saturated fat, 166 mg cholesterol, 939 mg sodium, 53 g carbohydrates, 49 g protein, 63 mg calcium

PROSCIUTTO-AND-MOZZARELLA-STUFFED CHICKEN BREASTS

Slicing a pocket in the chicken breast is a great way to deliver all the wonderful flavors of the filling.

Cooking time: 13 to 15 minutes

6 teaspoons olive oil, divided

1 teaspoon minced garlic

½ teaspoon rosemary
1 pound mushrooms, sliced
4 large boneless, skinless chicken breast halves (1¼ to 1½ lbs.)
¼ pound mozzarella, cut into 4 slices
¼ cup all-purpose flour
⅔ cup chicken broth
1 teaspoon cornstarch
¼ cup white wine
Chopped fresh parsley, for garnish

1. Combine prosciutto, pepper and sage in small bowl.
2. Heat 2 teaspoons oil in 12-inch skillet over medium-high heat. Add shallots, garlic, salt and rosemary; cook 30 seconds. Add mushrooms; cover and cook 3 to 4 minutes, until mushrooms are softened. Uncover; cook 7 to 8 minutes more until liquid evaporates and mushrooms are browned. Transfer to medium bowl.
3. Meanwhile, with sharp knife, make a 3- to 4-inch slit lengthwise along one side of each breast, cutting almost (but not) through to form a pocket. Stuff each pocket with 1 slice mozzarella. Divide prosciutto mixture and stuff evenly on top of cheese. Place flour in a large plate; add chicken, turning to coat both sides.
4. Combine broth and cornstarch in cup. Heat 2 teaspoons oil in skillet. Add chicken and cook 2 minutes until lightly browned. Gently turn chicken; add remaining 2 teaspoons oil and cook 2 minutes more. Add wine; cook 30 seconds. Add broth mixture and mushrooms. Cover; reduce heat to medium-low and simmer 8 to 10 minutes, until chicken is cooked through. Garnish with parsley. Makes 4 servings.

Per serving: 460 calories, 20 g total fat, 6 g saturated fat, 136 mg cholesterol, 1,207 mg sodium, 15 g carbohydrates, 53 g protein, 182 mg calcium

TERIYAKI CHICKEN WRAP WITH GINGER SLAW

Fastest Recipe Of The Month

These delicious, eye-catching bundles call for chicken tenderloins (the tender muscle of the breast meat). They're swiftly sautéed before being *(continued)*



rolled up with our tasty Asian-style slaw, which, thanks to prepared coleslaw mix, is a cinch to make.

Prep time: 20 minutes ○ ▼
Cooking time: 5 to 7 minutes

1 pound skinless boneless chicken breasts, cut into strips
¼ cup teriyaki sauce
1 tablespoon chopped garlic

Ginger Slaw
3 tablespoons white vinegar
2 tablespoons vegetable oil
1 tablespoon sugar
2 teaspoons teriyaki sauce
2 teaspoons minced jalapeño chile
1 teaspoon grated fresh ginger
1 teaspoon salt
1 bag (16 oz.) coleslaw mix

1 tablespoon vegetable oil
4 (10-inch) burrito-size tortillas
2 cups cooked rice
1 cup fresh cilantro leaves

1. Combine chicken, teriyaki sauce and garlic in bowl. Refrigerate 10 minutes.
2. *Make Ginger Slaw:* Meanwhile, combine vinegar, oil, sugar, teriyaki sauce, jalapeño, ginger and salt in large bowl. Stir in coleslaw mix.
3. Remove chicken from marinade with slotted spoon and pat dry with paper towels; discard marinade. Heat oil in large skillet over medium-high heat, 1 minute. Add chicken and cook, turning pieces, 5 to 7 minutes, until browned and cooked through.
4. *To assemble:* Heat tortillas according to package directions. Spoon one quarter of the rice down center of each tortilla. Divide Ginger Slaw and arrange on one side of rice. Divide cilantro and chicken and arrange next to slaw. Fold in sides of tortillas. Roll up tightly. Cut wraps in half. Makes 4 servings.

Per serving: 580 calories, 15.5 g total fat, 2.5 g saturated fat, 66 mg cholesterol, 1,660 mg sodium, 74 g carbohydrates, 36 g protein, 149 mg calcium

LIME CHICKEN WITH RED PEPPER AND GUACAMOLE

Food Editor's Favorite

Mashed avocado and zesty lime dressing give chicken breasts a Tex-Mex-inspired flavor.

Prep time: 15 minutes ○
Cooking time: 16 to 19 minutes

Lime Dressing
5 tablespoons fresh lime juice
¼ cup chopped fresh cilantro
1 tablespoon chopped green onion
1 tablespoon olive oil
1 teaspoon sugar
½ teaspoon salt

4 boneless, skinless chicken breast halves (1 to 1¼ lbs.)
2 medium avocados, peeled and pitted
2 teaspoons green pepper sauce or 1 teaspoon red pepper sauce
¼ cup shelled pumpkin seeds or sliced almonds, toasted
1 teaspoon plus 1 tablespoon olive oil, divided
1 medium red pepper, diced
1 teaspoon minced garlic
¼ teaspoon salt
2 tablespoons flour
Tortilla chips
Sliced lime and green onion, for garnish

1. *Make Lime Dressing:* Combine all ingredients in bowl. Toss chicken with 3 tablespoons dressing in glass dish. Refrigerate 10 minutes.
2. Meanwhile, mash avocados with 2 tablespoons dressing in medium bowl. Stir in green pepper sauce. Reserve remaining dressing.
3. Toast pumpkin seeds in skillet over medium-high heat 1 minute, until seeds start to pop. Set aside.
4. Heat 1 teaspoon oil in skillet. Add pepper and cook, stirring, 5 to 6 minutes, until pepper is tender and lightly browned. Stir in garlic and salt; cook 30 seconds more. Add to bowl with pumpkin seeds.
5. Remove chicken from dressing and pat dry with paper towels. Sprinkle flour over both sides of chicken. Heat remaining 1 tablespoon oil in skillet over medium-high heat. Add chicken and cook 5 to 6 minutes per side, until browned and cooked through.
6. Transfer chicken to four serving plates. Divide and sprinkle pepper mixture over tops; divide and drizzle reserved dressing over each breast. Serve with mashed avocado and chips. Garnish with lime and green onion, if desired. Makes 4 servings.

Per serving without tortilla chips: 420 calories, 25.5 g total fat, 4 g saturated fat, 74 mg cholesterol, 539 mg sodium, 17 g carbohydrates, 33 g protein, 38 mg calcium ●

Recipes by Jane Yagoda Goodman and Cynthia DePersio

A Safer Chicken In Every Pot

In an effort to improve the safety of the chicken we eat, the government has recently imposed stricter standards on poultry and meat processors. But part of the battle against bacterial contamination is still up to us. The two types of bacteria most closely linked to raw chicken—salmonella and campylobacter—can be controlled by following these steps:

- **In the supermarket, pick up fresh chicken—as well as meat and fish—last and place it away from other foods in your cart. It should also be packed into separate plastic bags at checkout. Check the "sell-by" date to make sure it hasn't expired.**
- **Refrigerate perishables immediately on coldest shelf of the fridge, placing packages of chicken on a tray or plate to catch dripping juices. If you have chicken you won't be using within one to two days, freeze it.**
- **Never defrost frozen chicken on a countertop; instead, place the wrapped chicken in the refrigerator or immerse in a bowl of cold water that you change every half hour.**
- **Wash cutting boards, utensils, all work surfaces, the sink and your hands with hot soapy water after handling raw chicken. Choose a nonporous cutting board of plastic or acrylic that's dishwasher-safe so you can sanitize it between uses. If possible, purchase two separate boards; one exclusively for poultry and meat, the other for vegetables, fruit and other foods. Wash surfaces with disinfectant cleansers for added protection.**
- **Marinate chicken in the refrigerator, not at room temperature.**
- **Cook chicken to an internal temperature high enough to kill harmful bacteria. Use an instant-read thermometer inserted into the thickest part of the chicken, not touching the bones. Here's what it should register after 15 to 20 seconds:**

Whole chicken (insert thermometer in inner thigh area): 180°F.
Bone-in thighs: 180°F.
Bone-in breasts: 170°F.
Ground chicken: 165°F.
Stuffing (cooked in bird): 165°F.
Whole boneless parts: 160°F.

To answer other questions about food safety, call the USDA's Meat and Poultry Hotline at 800-535-4555, Monday through Friday between 10 A.M. and 4 P.M., E.T. —Patricia Cobe

JOURNAL SHOPPING CENTER
CHICKEN IN A HURRY Pages 142-146 Napkin, oval ceramic plate, wicker tray and water glass, Ad Hoc Softwares, 212-925-2652; fork, Global Table, 212-431-5839.

raft Foods, Inc.



What the best dressed chickens will be wearing this year.

With Kraft's Garlic Herb and Zesty Red Pepper [illegible] Garlic Herb is a unique blend of parmesan, garlic, and parsley. The other, a zesty melding of [illegible]

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Following the star, they came to the town of Bethlehem where they found the newborn babe wrapped in swaddling clothes and lying in a manger. All gathered around in wonder to behold this miracle. Mary and Joseph gazing with love, the humble shepherds from the fields and three wisemen bearing great gifts. Above, choirs of angels filled the heavens, rejoicing in the blessed birth of the baby Jesus.

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Bette[illegible] Value!

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The Hamilton Collection

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"Compassion"

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ow, some of the most adorable children ever are here to your heart with tenderness and love. The Hamilton ection, in association with Enesco Corporation, is pleased present the *Friends of the Feather* Decorative Box ection by Karen Hahn, exquisitely crafted boxes featuring rable Native American children celebrating life's simple sures. *And inside each, you'll find a beautiful, genuine uoise stone!*

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dinner and a movie

That's the way to set the mood for a Friday night film
video in the VCR and enjoy a Mystic Pizza or

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When Harry Met Sally
"Yes! Yes! Yes!"
Reuben Sandwich

est? Just pop a
Reuben with Harry and Sally!

○ Easy ● Challenging ▼ Low-fat
◒ Moderate ○ Microwave Low-calorie
Can be frozen up to 1, 3, 6, or 9 months

"YES! YES! YES!" REUBEN SANDWICH
When Harry Met Sally

Want to have what's she's having? You needn't run to the deli for this pastrami sandwich with Russian dressing, melted cheese and crunchy coleslaw.

Prep time: 40 minutes ○ ○
Cooking time: 6 to 8 minutes

Slaw
1 pound green cabbage, cored and thinly sliced
cup chopped onion
½ cup finely chopped green pepper
⅓ cup apple cider vinegar
¼ cup sugar
½ teaspoon salt
1 carrot, chopped

Russian Dressing
¼ cup light mayonnaise
1 tablespoon chili sauce
2 teaspoons chopped pickles
¼ teaspoon red pepper sauce

4 ounces thinly sliced lean pastrami
4 slices seeded rye bread
2 ounces Gruyère or Swiss cheese
1 tablespoon butter or vegetable oil

1. *Make slaw:* Combine cabbage, onion, green pepper, ½ cup water, vinegar, sugar and salt in saucepan. Bring to boil over medium-high heat. Reduce heat and simmer 25 minutes. Add carrot and simmer 5 minutes more. Transfer to bowl; cool.
2. *Make Russian dressing:* Meanwhile, combine all ingredients in small bowl.
3. Place pastrami on microwaveproof plate; cover with damp paper towel. Microwave on High 1 to 2 minutes until warm; set aside.
4. Divide and spread Russian dressing evenly on one side of 2 bread slices. Top each slice with 1 tablespoon slaw, half of warm pastrami and half of cheese. Top with remaining bread.
5. Melt butter in a large cast-iron skillet over medium heat. Add sandwiches and cook 3 to 4 minutes per side, until golden and cheese has melted. Serve with remaining slaw. Makes 2 servings.

81 mg

MEL'S CHEDDAR BURGERS WITH FRIES
American Graffiti



Shift into low gear and pretend you're pulling into Mel's Drive-In for a cheeseburger deluxe with lettuce, tomato, red onion and thick-cut oven fries that can't be beat.

Prep time: 25 to 30 minutes ○
Cooking time: 16 minutes

Oven Fries
1½ pounds baking potatoes, scrubbed and cut into ½-inch-thick wedges
1 tablespoon olive oil
½ teaspoon salt
¼ teaspoon freshly ground pepper

Cheddar Burgers
1 pound lean ground beef
1 teaspoon salt
⅛ teaspoon freshly ground pepper
⅛ teaspoon ground red pepper
1 teaspoon oil
½ cup (2 oz.) shredded sharp Cheddar cheese
4 teaspoons mayonnaise
4 hamburger rolls
8 pickle slices (optional)
1 small red onion, sliced
1 tomato, sliced
4 Boston or iceberg lettuce leaves
4 teaspoons ketchup

1. *Make oven fries:* Heat oven to 450°F. Toss potato wedges with oil. Arrange in a single layer on a large jelly-roll pan. Bake 10 minutes; turn potatoes with spatula and bake 15 to 20 minutes more, until golden brown. Sprinkle with salt and pepper.
2. *Make Cheddar burgers:* Meanwhile, lightly mix beef, salt and both peppers in bowl. Shape beef mixture into four ½-inch-thick patties.
3. Heat a large grill pan over medium-high heat. Brush pan with oil. Cook patties 7 minutes per side, until meat thermometer inserted in center of one patty reaches 160°F. for medium. Remove pan from heat; divide and top each burger with cheese. Cover pan 2 minutes until cheese melts.
4. Spread 1 teaspoon of mayonnaise on bottom half of each roll; place burgers on rolls. Top each with 2 pickle slices, if desired, onion slices, tomato and lettuce. Spread 1 teaspoon ketchup on top half of each roll; place on tops of burgers. Serve with oven fries. Makes 4 servings.

Per serving with oven fries: 630 calories, 31 g total fat, 11 g saturated fat, 86 mg cholesterol, 1,368 mg sodium, 56 g carbohydrates, 32 g protein, 210 mg calcium

SPAGHETTI MARINARA YOU CAN'T REFUSE
The Godfather
Budget Recipe of the Month

Fuhgeddabout-it! Every goodfella knows you've got to have plenty of tomatoes, onions, garlic, oregano and crushed red pepper to make a pot of sauce so great, it could have been imported from Sicily itself.

Prep time: 15 minutes ○ ▼
Cooking time: 38 to 42 minutes

2 tablespoons extra-virgin olive oil, divided
2 cups chopped onions
2 tablespoons finely chopped garlic
2 cans (35 oz. each) Italian plum tomatoes, juice reserved, chopped
1 teaspoon oregano
½ teaspoon red pepper flakes
½ teaspoon salt
6 flat anchovy fillets, chopped
1 pound spaghetti, cooked according to package directions
Fresh oregano sprigs, for garnish

1. Heat 1 tablespoon oil in Dutch oven over medium heat. Add onions and garlic and cook until onions soften, 5 minutes. Add juice from tomatoes. Increase heat to medium-high and cook until mixture is reduced by half, 10 to 12 minutes. Add chopped tomatoes, oregano, pepper flakes and salt. Cook 10 minutes, stirring occasionally. Stir in anchovies and cook 5 minutes. Reduce heat to low and simmer 8 to 10 minutes, partially covered, until sauce is thickened.
2. Drain and divide hot pasta among 4 serving plates. Divide tomato sauce over pasta, then drizzle each with 1 tablespoon oil. Garnish with oregano sprigs, if desired. Makes 4 servings.

Per serving: 630 calories, 11 g total fat, 1.5 g saturated fat, 3 mg cholesterol, 1,330 mg sodium, 115 g carbohydrates, 22 g protein, 195 mg calcium

(continued)

Campbell's

TOMATO'S [illegible] POSSIBILITIES



A new take on tacos.

Campbell's® Beef Taco Bake

Prep Time: 10 min. Cook Time: 20 min.

1 lb. ground beef

1 can (10 3/4 oz.) Campbell's® Condensed Tomato Soup

1 cup [illegible]

1/2 cup milk

6 flour tortillas *or* 8 corn tortillas (6 to 8"), cut into 1" pieces

1 cup shredded Cheddar cheese

1. In Skillet [illegible] until browned, stirring to [illegible]
2. [illegible] *and* ½ *of* the cheese. Spoon into
3. [illegible] Sprinkle with remaining

[illegible] address and 50¢ for P&H to: [illegible] 4116. While supplies last.



Campbell's Makes Everything *Mm! Mm!* Better™

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MYSTIC PIZZA
Mystic Pizza



Ready to order? Tonight our special pie has spinach, garlic and plenty of ricotta and mozzarella cheese.

Prep time: 15 minutes plus rising ○
Baking time: 20 minutes

Dough
- *¾ cup warm water (110° F. to 115° F.)*
- *Pinch sugar*
- *1 teaspoon active dry yeast*
- *2 cups all-purpose flour*
- *1 teaspoon salt*
- *1 tablespoon olive oil*

Topping
- *2 tablespoons extra-virgin olive oil*
- *1 tablespoon sliced garlic*
- *¼ teaspoon red pepper flakes*
- *1 pound fresh spinach, trimmed and coarsely chopped*
- *½ cup part-skim ricotta cheese*
- *¾ cup shredded part-skim mozzarella*

1. Combine warm water and sugar in small bowl. Sprinkle yeast over top. Let stand 10 minutes, until foamy.
2. Pulse flour and salt in food processor to blend. With machine running, pour yeast mixture and oil through feed tube just until dough forms a ball. Process 45 seconds more. Transfer dough to board and knead until smooth and elastic, 5 minutes. Place dough in a lightly oiled bowl, turning to oil top. Cover and let rise in a warm, draft-free place 30 minutes.
3. *Make topping:* Meanwhile, heat oil in small skillet over medium-low heat. Add garlic and pepper flakes. Cook 3 to 5 minutes, until garlic just begins to color. Remove from heat; set aside.
4. Heat a large skillet over medium-high heat. Add spinach and 2 tablespoons water; cook just until wilted, 5 minutes. Drain spinach in colander. With the back of a spoon, press spinach firmly to remove excess water. Set aside.
5. Arrange oven rack in bottom of oven. Heat oven to 450°F. Lightly grease a large cookie sheet. Turn dough out onto prepared sheet and press into a 10-inch circle, pinching edges to make a rim. Drizzle garlic-and-oil mixture evenly over top and rim of circle. Drop ricotta by tablespoonfuls over top; sprinkle with spinach and mozzarella. Bake 20 minutes, until crust is golden brown. Cut into wedges. Makes 4 servings.

Per serving: 440 calories, 17 g total fat, 5.5 g saturated fat, 22 mg cholesterol, 787 mg sodium, 54 g carbohydrates, 18 g protein, 317 mg calcium

SCREAMING BANANA SPLITS
George of the Jungle



You'll want to scream, "Watch out for that tree!" but what's the use? This banana split, a trio of ice creams topped with hot fudge, strawberry and pineapple-ginger sauces, is so mind-numbingly good, it may just sidetrack your attention, too!

Total prep time: 35 minutes ○○

Pineapple Sauce
- *2 cans (8 oz. each) pineapple chunks in juice*
- *1 tablespoon granulated sugar*
- *1 teaspoon finely chopped fresh ginger*

Strawberry Sauce
- *2 boxes (10 oz. each) frozen whole strawberries in syrup, thawed*
- *½ vanilla bean, split*

Hot Fudge Sauce
- *6 ounces semisweet chocolate squares*
- *¼ cup butter or margarine*
- *2 tablespoons confectioners' sugar*
- *½ cup heavy or whipping cream*

- *8 large ripe bananas, peeled and halved lengthwise*
- *1 pint premium vanilla ice cream*
- *1 pint premium chocolate ice cream*
- *1 pint premium strawberry ice cream*
- *½ pint heavy or whipping cream, beaten until stiff*
- *½ cup chopped macadamia nuts*
- *8 maraschino cherries*

1. *Make pineapple sauce:* Drain pineapple in a sieve over small saucepan. Coarsely chop pineapple. Transfer to small bowl; set aside. Add sugar and ginger to pineapple juice; bring to boil over medium heat. Reduce heat and simmer 5 minutes, until mixture thickens. Pour syrup over chopped pineapple; cool.
2. *Make strawberry sauce:* Drain strawberries in a sieve over small saucepan. Transfer strawberries to small bowl; set aside. Bring strawberry syrup and vanilla bean to boil over medium heat. Cook until syrup thickens, 5 to 8 minutes. Cool. Carefully remove vanilla bean and scrape seeds into syrup with a small spoon. Discard bean. Stir syrup mixture into strawberries.
3. *Make hot fudge sauce:* Meanwhile, combine chocolate and butter in medium microwaveproof bowl. Microwave on High 1½ minutes; stir until smooth. Add confectioners' sugar and stir until dissolved. Microwave cream in 1 cup glass measure on High 1 to 1½ minutes, until hot. Stir hot cream into melted chocolate mixture until smooth. Partially cover; keep warm.
4. To serve, arrange 2 banana halves in a sundae dish or shallow bowl. Place one scoop each of vanilla, chocolate and strawberry ice cream in a row between banana slices. Spoon pineapple sauce over vanilla ice cream, hot fudge over chocolate ice cream and strawberry sauce over strawberry ice cream. Top with whipped cream, chopped nuts and a maraschino cherry. Makes 8 servings.

Per serving: 805 calories, 45.5 g total fat, 23 g saturated fat, 112 mg cholesterol, 154 mg sodium, 104 g carbohydrates, 8 g protein, 185 mg calcium ●

Recipes by Jane Yagoda Goodman


More "thank-yous" per serving than any other side dish.
Stove Top
Stove Top
Ev
stuff.

BREAKFAST MADE RIGHT



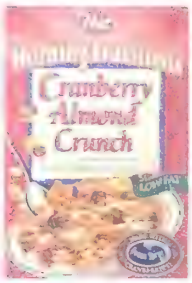




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WE LOVE WENT INTO
THE RECIPES.

EVERYTHING
WE BELIEVE WENT INTO
THE PRICE.

Tangy sweet Ocean Spray® cranberries. Big chunky pecans. The taste of fresh-baked banana bread. And fair prices. We hope you'll like our Morning Traditions cereals as much as we do.







Post

BREAKFAST MADE RIGHT

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HOT CHOCOLATE!

heaven can wait? These quic



Midwinter chocolate temptations include Brownie Waffles À La Mode with hot fudge sauce. Left: warm Chocolate-Pear Cake

HOT CHOCOLATE!

○ Easy ● Challenging ▼ Low-fat
◒ Moderate ○ Microwave ▽ Low-calorie
❄ Can be frozen up to 1, 3, 6, or 9 months



BITTERSWEET CHOCOLATE TART

It's warm chocolate custard in a shortbread crust! The filling is perfect for serious chocolate fans, who love the more intense, sophisticated taste of bittersweet chocolate.

Prep time: 30 minutes plus freezing
Baking time: 39 to 43 minutes ○

Crust
1 cup all-purpose flour
¼ cup confectioners' sugar
¼ teaspoon salt
6 tablespoons cold unsalted butter, cut up (no substitutions)
1 large egg yolk
1 teaspoon vanilla extract

Filling
1 cup heavy or whipping cream
8 ounces bittersweet chocolate, cut up
1 large egg, lightly beaten

Whipped cream
Chocolate shavings and fresh mint sprigs, for garnish

1. *Make crust:* Heat oven to 350°F. Process flour, confectioners' sugar and salt in food processor to blend. Add butter and pulse until mixture is the texture of fine meal. Beat egg yolk and vanilla with a fork in a cup. Drizzle over flour mixture. Pulse just until dough begins to hold together. With floured fingers, press dough evenly in bottom and up the side of a 9½-inch tart pan with removable bottom. Prick bottom of tart shell with a fork; freeze 15 minutes. Bake 22 to 23 minutes until golden brown. Cool on wire rack while making filling. (Leave oven on.)
2. *Make filling:* Heat cream over medium heat in small saucepan until hot. Meanwhile, pulse chocolate in clean bowl of food processor, until chopped. With motor on, pour hot cream through feed tube and process until chocolate melts. Add egg and process until blended.
3. Pour filling into crust. Bake 17 to 20 minutes, until filling is set but still jiggly in center (it will continue to set as it cools). Cool tart in pan on wire rack. Remove side of pan. Top with a dollop of whipped cream. Garnish with chocolate shavings and mint sprigs. Serve warm or at room temperature. Makes 12 servings.

PER SERVING WITHOUT WHIPPED CREAM		DAILY GOAL
Calories	340	2,000(F), 2,500(M)
Total fat	22.5 g	60 g or less (F); 70 g or less (M)
Saturated fat	14 g	20 g or less (F); 23 g or less (M)
Cholesterol	85 mg	300 mg or less
Sodium	95 mg	2,400 mg or less
Carbohydrates	31 g	250 g or more
Protein	5 g	75 g to 90 g
Calcium	70 mg	1,000 mg (F); 1,000 mg (M)

CHOCOLATE-CHERRY PUDDING CAKE



What bliss—a scrumptious cake with dried cherries, chocolate chips, pecans and a soothing dose of warm fudge pudding in every bite.

Prep time: 20 minutes ○
Baking time: 35 minutes

1 cup all-purpose flour
12 tablespoons unsweetened cocoa, divided
¾ cup granulated sugar
2 teaspoons baking powder
¼ teaspoon salt
¾ cup milk
3 tablespoons butter or margarine, melted
1 teaspoon vanilla extract
*½ cup pitted dried tart cherries**
½ cup semisweet chocolate chips
½ cup chopped pecans
¾ cup firmly packed brown sugar
Vanilla ice cream

1. Heat oven to 350°F. Grease a 9-inch square baking dish. Combine flour and 6 tablespoons cocoa in a large bowl. Stir in granulated sugar, baking powder and salt until blended. Add milk, butter, vanilla, cherries and chocolate chips until blended. Spread evenly in prepared pan; sprinkle top with pecans.
2. Whisk remaining 6 tablespoons cocoa and brown sugar in medium saucepan until blended. Whisk in 1½ cups water. Bring to a boil, whisking occasionally. Pour mixture over batter in pan, tilting pan to cover evenly. Bake 35 minutes, until toothpick inserted in center of bottom cake layer comes out clean. Cool 15 minutes. Serve warm with ice cream. Makes 12 servings.

* [illegible] DRIED CHERRIES 800 624 9544

Per serving without vanilla ice cream: 265 calories, [illegible] saturated fat, 10 mg cholesterol, 173 mg sodium, 47 g carbohydrates, 3 g protein, 88 mg calcium

CHOCOLATE BABY CAKES



There's a little bit of chocolate heaven in the luscious, liquid center of each miniature cake.

Prep time: 15 minutes ○
Baking time: 10 to 12 minutes

Granulated sugar
¾ cup unsalted butter or margarine, cut into pieces
5 ounces semisweet chocolate squares, chopped
1 ounce unsweetened chocolate square, chopped
3 large eggs, at room temperature
3 large egg yolks, at room temperature
⅓ cup confectioners' sugar
1 teaspoon vanilla extract
⅛ teaspoon salt
⅓ cup all-purpose flour
Whipped cream
6 fresh strawberries, halved, and 1 ounce semisweet chocolate square, melted, for garnish

(continued

Baker's

FEBRUARY

Love may be grand, but brownies are divine.

Baker's® Divine Truffle Brownies

Prep: 15 minutes Bake: 35 minutes

1 pkg. (8 oz.) BAKER'S Semi-Sweet or 1 pkg. (6 oz.) BAKER'S Bittersweet Baking Chocolate Squares, divided
1/4 cup (1/2 stick) butter or margarine
3/4 cup sugar, divided
3 eggs, divided
1 cup flour
2/3 cup heavy or whipping cream

• **HEAT** oven to 350° F (325° F for glass baking dish). Line 8-inch baking pan with foil extending over edges to form handles. Grease foil.

• **MICROWAVE** 2 squares chocolate and butter in medium microwavable bowl on HIGH 1 1/2 minutes or until butter is melted. Stir until chocolate is melted. Stir in 1/2 cup of the sugar. Stir in 1 egg until well blended. Stir in flour. Spread batter in pan.

• **MICROWAVE** remaining chocolate (6 squares if using semi-sweet, 4 squares if using bittersweet) and cream in microwavable bowl on HIGH 1 1/2 minutes; stir until chocolate is melted.

• **BEAT** remaining 1/4 cup sugar and 2 eggs in small bowl with electric mixer on high speed 1 minute until thick and lemon-yellow colored; beat in chocolate/cream mixture. Pour over batter in pan.

• **BAKE** 35 to 40 minutes or until mousse topping is set and the edges begin to pull away from sides of pan. Cool in pan. Run knife around edge of pan to loosen brownies from sides. Lift from pan using foil as handles. Cut into 16 fudgy brownies.



Bakers always choose Baker's.™

HOT CHOCOLATE!

Continued

1. Heat oven to 400°F. Lightly coat six 4-ounce ramekins with vegetable cooking spray; coat bottom and sides with granulated sugar. Combine butter with semisweet and unsweetened chocolates in a medium microwaveproof bowl. Microwave on High 1 minute; stir until chocolate melts. Freeze about 5 minutes, stirring occasionally, until cool.
2. Meanwhile, beat eggs, egg yolks, confectioners' sugar, vanilla and salt in large mixer bowl on high speed 2 to 3 minutes, until pale yellow and thick. Beat in cooled chocolate mixture. Beat in flour, scraping sides of bowl, just until blended. Divide batter evenly between prepared dishes; place 2 inches apart on a large cookie sheet. Bake 10 to 12 minutes, until cakes are slightly puffed and feel firm at edges and soft in the center when pressed with fingertip. Cool cakes in dishes 5 minutes, then invert onto six serving plates. Serve warm with whipped cream. Garnish each plate with a strawberry drizzled with melted chocolate. Makes 6 servings.

Per serving without whipped cream:

CHOCOLATE-PEAR CAKE

Cozy up with a cup of tea and slice of this delicate chocolate cake with fresh pears. It's studded with chunks of semisweet chocolate, but if you prefer, you can use ⅓ cup semisweet chocolate chips.

Prep time: 25 minutes
Baking time: 30 to 35 minutes

1 cup cake flour (not self-rising)
3 tablespoons unsweetened cocoa
½ teaspoon baking powder
3 ripe Bartlett pears (1½ lbs.), peeled and cored
⅔ cup granulated sugar
½ cup butter or margarine, softened
2 large eggs
2 ounces semisweet chocolate squares, cut into ¼-inch chunks
Confectioners' sugar, for garnish

1. Heat oven to 350°F. Grease and flour a 9-inch springform pan.
2. Combine flour, cocoa and baking powder in small bowl. Cut each pear lengthwise into quarters, then cut each quarter lengthwise in half. Place granulated sugar in large mixer bowl; remove 1 tablespoon to cup and set aside. Beat remaining sugar and butter on medium speed 2 minutes, until light and fluffy. Beat in eggs one at a time until blended. On low speed, beat in dry ingredients just until blended. Stir in chocolate chunks.
3. Spread 1½ cups batter in prepared pan. Arrange all the pear slices with tapered ends toward center, overlapping around edge of pan (do not cover center with fruit). Sprinkle reserved 1 tablespoon granulated sugar over pears, then spread top with a light coating of remaining batter (it will not cover fruit completely). Bake 30 to 35 minutes, until a toothpick inserted in center of cake comes out clean. Cool cake in pan on wire rack. Remove side of pan and sift confectioners' sugar over top. Serve warm or room temperature. Makes 10 servings.

Per serving: 260 calories, 13 g total fat, 7.5 g saturated fat, 67 mg cholesterol, 132 mg sodium, 37 g carbohydrates, 3 g protein, 34 mg calcium

BROWNIE WAFFLES À LA MODE

Indulgent But Worth It

These heart-shaped waffles topped with cinnamon ice cream and hot fudge sauce are the sweetest way to say, "I love you." If you don't have a nonstick waffle baker, use the regular kind, but be sure to grease the grids well and follow the manufacturer's directions for the amount of batter to use.

Prep time: 25 minutes plus standing and freezing
Cooking time: 1 to 2 minutes per batch

Cinnamon Ice Cream
1 pint premium vanilla ice cream, softened
½ teaspoon cinnamon

Hot Fudge Sauce
6 ounces bittersweet or semisweet chocolate squares, chopped
½ cup milk
¼ cup light corn syrup
2 tablespoons butter or margarine
1 tablespoon sugar
1 teaspoon instant espresso powder

Waffles
¼ cup butter or margarine, cut up
1 ounce unsweetened chocolate square, chopped
½ cup all-purpose flour
3 tablespoons unsweetened cocoa
¼ teaspoon baking powder
¼ teaspoon baking soda
¼ teaspoon salt
2 large eggs
½ cup sugar
1½ teaspoons vanilla extract
3 tablespoons cold brewed coffee

(continue

MY ONE AND ONLY... CHOCOLATE

We never forget our first love. But we also remember fondly the one love that stays true and can't break our hearts no matter what—chocolate. Here, some bits and pieces about our faithful friend:

The Bitter Truth The best-loved chocolate in America is milk chocolate. However, 22 percent of the U.S. population prefers dark (bittersweet) chocolate.

Be Mine Friends and other loves may come and go, but it's a comfort to know our love for chocolate is everlasting . . . and growing. In fact, per capita, chocolate consumption reached 11.7 pounds in 1996, a 1.1-pound increase since 1991.

Whom Do You Love? The top-selling chocolate items for home baking are cocoa and semisweet baking chips. And what do we bake the most? Chocolate-chip cookies, of course!

Your Cheating Heart If your recipe calls for unsweetened or semisweet baking chocolate squares, cocoa may be substituted (except in candy, pie fillings, puddings or coatings); just follow package directions for proper amounts. Use real cocoa, though, not sweetened cocoa or hot chocolate mixes. Want to use Dutch process cocoa? That's okay, too, except in angel food cake, because it won't yield the same light and airy texture.

You Make Me Melt The most important thing to remember when you're getting ready to melt chocolate is that you must not let water come into contact with it. All utensils, surfaces, bowls and pans should be completely dry, because even the smallest amount of liquid or moisture will make chocolate "seize" (become stiff and grainy).

Wooed by White Chocolate? That's fine, as long as you're walking into the relationship with your eyes—and taste buds—wide open. Technically, white "chocolate" isn't chocolate at all, but a combination of sugar, cocoa butter and milk, sometimes with lecithin and vanilla added.

—Sarah P. Basso



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Bake.



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HOT CHOCOLATE!

Continued

½ cup chopped walnuts

Chopped walnuts, for garnish

1. *Make Cinnamon Ice Cream:* Combine ice cream and cinnamon in a small bowl, stirring quickly until blended. Cover and freeze until firm.
2. *Make hot fudge sauce:* Meanwhile, combine chocolate, milk, corn syrup, butter and sugar in a medium saucepan. Cook over medium-low heat, stirring frequently, until chocolate melts; whisk until smooth. Reduce heat to low and simmer 2 minutes, stirring occasionally, until slightly thickened. Stir in espresso powder. Remove from heat and keep warm.
3. *Make waffles:* Combine butter and chocolate in a small bowl. Cover with plastic wrap, turning back one corner to vent, and microwave on High 1 minute; whisk until smooth. Place in freezer 5 minutes until cool.
4. Heat oven to 200°F. Heat a nonstick 7½-inch heart-shaped waffle baker* on medium-low heat.
5. Sift flour, cocoa, baking powder, baking soda and salt in bowl. Whisk eggs, sugar and vanilla in another bowl until blended, then whisk in cooled melted chocolate. Sift dry ingredients again over chocolate mixture; stir in coffee and walnuts and stir just until blended. Lightly coat hot waffle baker with vegetable cooking spray; pour ½ cup batter into baker. Cook according to manufacturer's directions just until cooked through, about 1 to 2 minutes. (Waffles will not be crisp. Do not overcook—batter burns easily.) Transfer to a cookie sheet; keep warm in oven. Repeat process with remaining batter (spreading batter in baker, if batter becomes too thick).
6. Separate and arrange 3 waffle hearts on each of six serving plates; top each serving with one scoop of ice cream and drizzle with hot fudge sauce. Garnish with walnuts. Makes 6 servings.

* [illegible] SEE BELOW

Per serving with hot fudge sauce: 645 calories, 41 g total fat, 20.5 g saturated fat, [illegible] carbohydrates, 10 g protein, 139 mg calcium ●

Recipes by Sarah Reynolds

LHJ SPECIAL OFFER

To make our Brownie Waffles à la Mode pictured on page 161, we offer this traditional Danish-style Electric Heart Waffler by VillaWare. The elegant flower-shaped waffle has a 7" diameter grid and separates into 5 hearts. Features include:

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The Electric Heart Waffler sells for $75.95, which includes shipping, handling and applicable sales tax.

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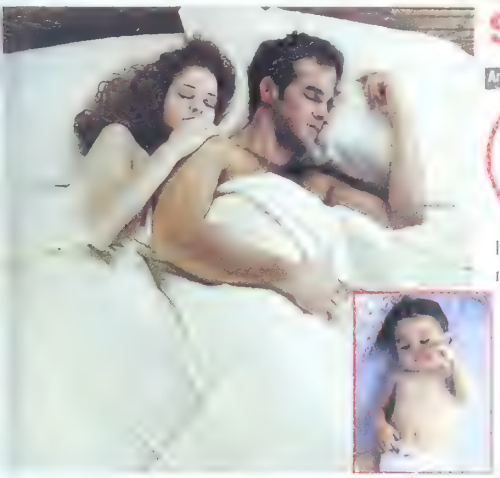
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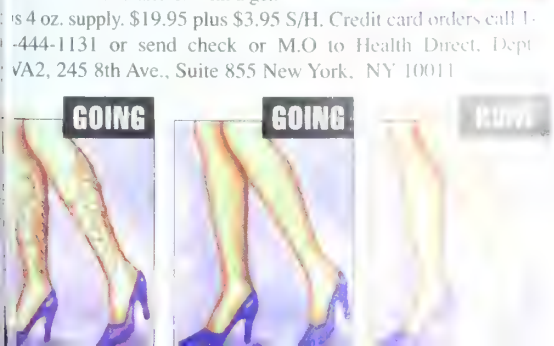
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INSIDE THE JOURNAL KITCHEN

Our logo symbolizes 115 years of first-rate delicious recipes, triple-tested in the LHJ kitchen, and our commitment to quality as we bring dependable information—and great taste—to your table



Dinner On The Double

CATFISH WITH SALSA AND OLIVES

Low in fat and a great value, catfish is available year-round. Prepared salsa helps make this meal a cinch to put together, and we also throw in some green olives for a tasty twist.

Prep time: 5 minutes ○▼
Cooking time: 11 to 15 minutes

1 package (10 oz.) couscous
2 tablespoons flour
½ teaspoon salt
4 catfish fillets, skinned (about 1½ lbs.)
1 tablespoon olive oil
1 cup prepared salsa
⅓ cup finely chopped green olives

1. Start to cook couscous according to package directions.

2. Meanwhile, combine flour and salt in 9-inch pie plate. Coat catfish on both sides.
3. Heat oil in 12-inch skillet 2 minutes over medium-high heat. Add fish and cook 3 to 4 minutes per side, until browned. Add salsa and olives to pan. Cook 5 to 7 minutes more, spooning salsa occasionally over catfish, until fish flakes easily with fork. Fluff couscous with a fork and serve with fish. Makes 4 servings.

Recipe by Cynthia DePersio

PER SERVING		DAILY GOAL
Calories	560	2,000 (F), 2,500 (M)
Total fat	17 g	60 g or less (F); 70 g or less (M)
Saturated fat	3 g	20 g or less (F), 23 g or less (M)
Cholesterol	56 mg	300 mg or less
Sodium	1,262 mg	2,400 mg or less
Carbohydrates	62 g	250 g or more
Protein	35 g	55 g to 90 g
Calcium	25 mg	1,000 mg (F); 1,000 mg (M)

You Asked For It

Dear LHJ,
We frequently eat at the Piccadilly Cafeteria, in Stone Mountain, Georgia, and love their delicious carrot soufflé. Would you please get the recipe for us?

—Sarah Lyon and Velma Briscoe
Stone Mountain, Georgia

Carrot-Top

Never imagined carrots would star in a dessert soufflé? Then this sweet treat will be a pleasant surprise for its great taste as well as convenience!

CARROT SOUFFLÉ

1. Bring *3 pounds peeled carrots, cut in half,* with *water to cover* to boil in large saucepan. Reduce heat to medium and cook carrots 30 minutes, until very tender; drain.
2. Meanwhile, heat oven to 350°F. Puree carrots with *¾ cup sugar, 2 tablespoons flour* and *1½ teaspoons* each *baking powder* and *vanilla extract* in food processor. Add *3 large eggs at room temperature,* 1 at a time, pulsing after each addition, until blended. Add *¼ cup butter, softened,* until blended.
3. Lightly grease a 1½-quart soufflé dish; coat bottom and sides with *1½ tablespoons sugar.* Add carrot mixture and bake 45 minutes, until soufflé is set in center when tested with fingertip. Serve immediately with *whipped cream.* Makes 10 servings.



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HOW CLEAN IS IT?

Continued from page 125

and *E.coli* (the particular strain could not be determined, so it may be mild or serious). "If a child got hold of this bowl, she could develop some kind of illness," says John Pisani, Ph.D, a microbiologist at Micrim Labs.

BICYCLE HANDLEBARS

Covered with *five* types of bacteria, the worst of which was *Enterobacter cloacae* (a very dangerous microbe that causes many types of infections, especially in cuts; a big dose could cause a blood-borne disease).

BABY PACIFIER

Heavily coated with *five* types of bacteria, including *yeast-Candida albicans* (the classic agent of oral candiniosis, or thrush), *Enterobacter cloacae* and *Serratia marcescens* (which can cause skin and wound infections).

PLAY TABLE

Aside from a light smattering of *yeast-Rhodotorula glutinus* (which can kill healthy flora in your mouth, leaving you more vulnerable to infec tion), results were negative for an other potentially harmful germs.

PLAYGROUND SLIDE HANDRAIL

Crawling in *yeast-Candida parapsilos* (which can cause thrush and is als associated with upper respiratory tract infections).

BATH TOY

Home to *four* types of bacteria, in cluding *yeast-Rhodotorula glutinus.*

STROLLER-TOY BAR

Since this item has seen many day of chomping and play, we were ver surprised to find only a smattering normal skin flora on it.

PLAY-GROUP DOLL

A breeding ground for *four* kinds bacteria, including *Enterobacte cloacae.* "The remarkable thing abou the doll is that we found no norm skin organism. The *Enterobacter clo cae* is probably coming from a ki who put it in her mouth or coughe on it, or from a child who didn wash her hands after going to th bathroom," says Pisani.

ELEMENTARY-SCHOOL LOCKER

Came up positive for *beta Strep grou G* (while the classic for strep throat *group A*, any kind of strep can caus illness if it gets a foothold) and *Stap aureus* (the agent for impetigo an eye infections; also associated wit boils and acne).

PEDIATRICIAN'S DOORKNOB

We were happy to learn that th came back fairly clean. Results turne up only a light growth of fairly harm less skin flora.

SUPERMARKET CART

A coating of *Viridans Strep* (an upp respiratory organism) found on th bar indicates that there may be som kind of germ present that could caus a cold or flu, according to Pisani.

LIBRARY BOOK

Surprisingly clean; mainly norm skin flora—but even these can caus an infection if they get into a cut.

SCHOOL SINK BASIN

A heavy growth of three types of ba teria, the worst of which was *Acinet bacter anitratus* (which can cause a infection if a child has a cut; it is als associated with vaginitis). These ba teria are normally found in water.

STUFFED ANIMAL

Fairly clean; just a smattering of very common, non-threatening bacteria.

HIGH CHAIR IN A FAST-FOOD RESTAURANT

Despite dire predictions, this sample came back almost perfectly clean!

Why are kids sick all the time?

Children are exposed to all kinds of germs, and they are specially susceptible to infections. But youngsters actually *need* to get sick from time to time.

"When children are born, their immune systems are ompletely untested," explains Sarah Long, M.D., hief of infectious diseases at St. Christopher's Hospital for Children, and professor of pediatrics at Allegheny University of the Health Sciences, both in hiladelphia. "There is some gearing up that has to o on, especially in the first month of life." This is hen children are most prone to serious disease from nfections, she says. Germs that colonize in the hroat, nose or skin, for example, are more likely to nvade now than when children become older. Babies o get over this extreme vulnerability after the first hree to four weeks, and in the meantime they have ome protection from antibodies they got from their nother before birth. However, this protection soon egins to wane, and that's when children need to start uilding their own immunity.

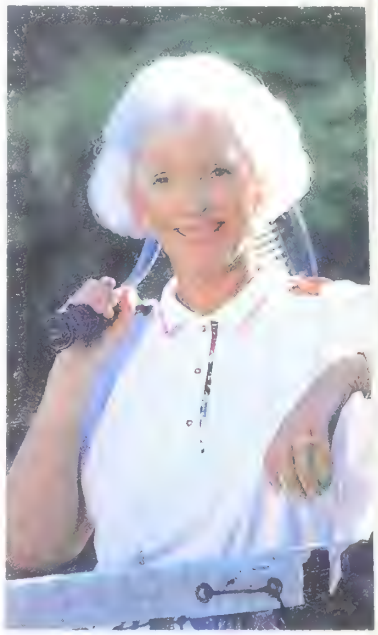
Building immunity is like giving your body experience. ach time we get sick, our body is storing information so at the next time the same bug is introduced, the body immediately ready to attack. In time, your body learns recognize a whole array of germs, so that you develop broad range of immunity. By the time we become lults, we've seen many varieties of the viruses and bacria that cause runny noses or diarrhea—and have built enough protection that we're not likely to get seriously sick from them.

Fortunately, while children are more prone to infecons than adults, most also have an amazing ability to at them quickly. Measles in a child, for example, can ean a few weeks of illness, but in an adult it can be e-threatening. This is mainly because the older adult dy is less efficient. As Long says, "Little children are .e little virus factories. They see one virus, replicate it, t immunity, see the next one."

o antibacterial products help?

ast year, nearly one hundred eighty new bacteria-sting products hit the market—almost five times the mber introduced in 1993, according to Marketing Inligence Service, a new-product research firm in aples, New York. Unfortunately, there is not enough idence to suggest whether products like the antibacteri- soaps, bacteria-resistant cutting boards or [illegible] vs truly prevent sickness. But the majority of [illegible] long scientists, given what we *(continued on page 177)*

The thought of having a breast biopsy frightened me, until I learned about the new ABBI* system.



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HOW CLEAN IS IT?

Continued from page 173

do know, is that there is no real benefit to using them in everyday situations—and there may even be some harm.

As far as the antimicrobial toys are concerned, Bela Matyas, M.D., medical director of epidemiology at the Massachusetts State Department of Public Health, says that these products do prevent the growth of bacteria on their surfaces. The problem: If the toy is passed from one child to another, the bacteria from the first child is not killed by the coating on the toy.

When it comes to washing—hands or toys—it is most important to send bacteria down the drain, says Ralph Cordell, Ph.D, an epidemiologist in the Hospital Infections Program at the Centers for Disease Control and Prevention, in Atlanta. "In everyday settings outside of a laboratory or hospital, these products won't help you to remove more bacteria than plain soap and water will," says Cordell.

In order to protect your hands after washing, there would have to be some soap remaining on them, says Matyas. But, he adds, you shouldn't have soap residue on your hands—if you do, you didn't wash properly. There is also a chance that any residual chemicals will destroy healthy bacteria that you need to protect you, he adds.

Experts also fear that overusing these products may lead to the same kind of resistance that we're seeing now with antibiotics, which can kill off all the sensitive organisms and not risk it.

How can you protect your kids?

GET THEM IMMUNIZED

All experts agree this is the most important thing you can do to keep your kids healthy. Check with your pediatrician to make sure your children are up-to-date with all the shots they need.

TEACH THEM TO WASH

Eighty to 90 percent of germs are washed off the hands with regular soap and water, says Elaine Larson, Ph.D., dean of the School of Nursing at Georgetown University, in Washington, D.C., and the editor of *The American Journal of Infection Control*. Everyone should wash before every meal, after going to the bathroom and when in contact with someone known to be ill. Some experts recommend washing for a minute or two, but Cordell says fifteen seconds is plenty.

Liquid soap is no better than the bar stuff, even though the latter tends to sit in gunk. "It's true that [illegible] bacteria to grow in, but they're all removed as soon as the soap hits [illegible]."

Rinsing and drying are equally [illegible]

towels have no place in a public setting, she adds, because they stay moist and are good breeding grounds for germs. Electric dryers are okay, as long as you dry thoroughly so that bacteria don't remain. "Most people walk away before their hands are dry," says Larson. Finally, soap doesn't do a good job of getting under fingernails, says Larson, but that's where most bacteria hibernate. Use a file or toothpick to clean under the nails daily. (Avoid a nail brush because it abrades the skin.)

KEEP THEIR STUFF CLEAN

Try to choose washable toys, ones that you can stick in the dishwasher or washing machine or rinse off easily in the sink. When possible, avoid buying hard-to-clean materials. How often you wash them depends on how frequently your kids play with them. For favorite toys your kids play with daily, you might want to wash them a few times a week. If they share toys with friends, you might want to wash them more often. For a pacifier, cleaning once a day with soap and water is a good idea.



Which of these objects turned out to be the cleanest? It's probably not the one you think

KEEP THEM HOME WHEN THEY'RE SICK

The worst thing a parent can do is send a sick child off to day care or school, where he can expose others to illness. Children need time to recuperate so that they don't become even sicker.

BOOST THEIR IMMUNE SYSTEMS

When bugs are going around, have kids eat right, drink lots of fluids and get plenty of rest to help keep them healthy. ●

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"WE NEED A MONEY MAKEOVER"

Continued from page 105

Should Paulette meet Mr. Right, she has no hesitation about making that second trip to the altar.

But Berger and Abrams agree that a woman entering a new marriage must negotiate finances carefully. "Any woman with assets or children's interests to protect needs a prenuptial agreement," says Berger.

If Paulette does become engaged, Berger says she and her fiancé should have separate attorneys looking out for their individual interests, and that their financial plans need to be discussed fully, in advance.

But the most important thing is for the couple to do their homework. "Each of you should get your own credit reports and then swap them," advises Berger. "It's not unheard of for the IRS to come after a new spouse for tax problems."

"I'm really taken aback to learn someone could come after me for tax debts I didn't accumulate," says Paulette. "Now, I wouldn't have any qualms about asking a man to exchange credit histories. I don't want to get left holding the bag."

THE HIGH COST OF COLLEGE



Molly Minnick, 38, family therapist
St. Johns, Michigan
Husband: Dave, 48, a physician
Children: Andy, 10, Molly Carol, 2, and stepchildren Brandon, 21, Julie, 18

"We want the best college opportunities for all our children," says Molly. "But how do we do it?"

The Minnick household is already experiencing the college-cost blues: Brandon's first three years of tuition and living expenses totaled $24,000.

Last fall, Julie started college an was awarded $8,000 per year i scholarships and grants, but th Minnicks have to come up with a additional $8,000 to $12,000 pe year. On top of that, they are sti paying off Dave's medical school ex penses—a hefty $800 per month Even with a combined income o more than $100,000 a year, "w couldn't afford to pay for Brando and Julie, too," says Molly. S Brandon now gets $5,500 a year i federal loans.

The Minnicks also hope to avoi more financial strain when thei youngest kids reach college age They've invested in mutual funds fo Andy's education but haven't ye started to save for Molly Carol.

"They're doing the right thing fo Andy," says Abrams. "Mutual fund are a good place to put college funds Now they need to do the same fo Molly Carol."

Berger points out that it's best t be aggressive in the early years— investing in growth funds—and the switch over to conservative funds a the child nears college age.

But parents should keep colleg funds in their own names rather tha their children's. Some need-base scholarships offer lowe awards if a student ha his own assets. And mon ey in a child's name typ cally becomes his at ag eighteen, when he ma decide to spend it o things other than college.

Finally, Berger stresse that children need to b come involved in colleg financial planning. "Fo their birthday, give them one toy an a share of stock in the company tha makes that toy. That stock will b worth a lot more in the long run."

Molly finds the experts' sugges tions helpful. "My favorite advice the stock as a present. What a won derful idea." ●

Kathryn Casey is a contributing edit of Ladies' Home Journal.


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says Lockshin.

"It takes a big toll on the family and requires a tremendous amount of understanding," says Granato. "But my husband has been with me through it all." The couple even works together—they own a franchise of Mail Boxes Etc.

Pregnancy was another issue. "I never thought I'd be able to have children, so I adopted Lisa, who is now fifteen. Then I was so determined because I didn't want her to be without siblings that I took fertility drugs. At first I didn't tell Dr. Lockshin." (Some experts worry that fertility drugs can trigger a bout of illness and that autoimmune antibodies can cause birth defects.)

"I finally got pregnant with twins when I was forty." On January 20, 1989, Granato gave birth to Kimberly Ann and Kevin Michael. With the twins' birth, Granato's lupus symptoms stopped as mysteriously as they had begun. But she knows the disease can flare up at any time.



Bonnie Granato (center) says lupus, which she has had since age sixteen, takes a toll on her family

"It's a quiet disease eating away at you ever so gradually," she says. "But even though it can't be cured, you can learn to control it and not let the disease control you. If you believe you will feel good, you can lead a normal life." ●

Randi Hutter Epstein, M.D., is a nonpracticing physician and medical writer.

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Maternal RESERVES

Don't think of it as cellulite; think of it as emergency energy supplies for an unexpected Sahara crossing.

By Carol McD. Wallace

Some phrases just have a ring to them. Ten years ago, after the birth of our first child, I read an article about those thirty pounds I'd put on. It divided the average weight gain into components: baby, increased blood supply, placenta—and "maternal fat reserves."

That would be my cellulite. That squishy bit beneath my navel. My rear end. The extra inch or so on my hips. I liked the sound of it, as if I had cleverly stored this stuff away, like a spare tank of gas. To keep me and the baby alive in the Sahara, for instance, while my svelte husband dwindled away.



I had become accustomed to thinking of my fat as a moral failing. As a teenager, when you lay down on your back, your hipbones had to stick out from your belly by at least the length of your thumbnail. (No pressing allowed.) Mind you, I never met this criterion. When my weight went below 130 for the first time, my mother hauled me off to the doctor. Not that she had a clue why I'd stopped eating: She and my two sisters are naturally thin (I was the smart one).

This is not a story, dear reader, about how I got thin. Because I didn't. I remain distinctly pear-shaped. Sometimes I resent this, because I exercise a lot. But I swim. This is one sport that doesn't make me lose weight. I also do a lot of in-line skating, which you would think would streamline my backside, until I remind you what Wayne Gretzky's thighs look like. I skated to a school picnic a few years ago and one of the mothers eyed me and said, "My, your legs look so . . . strong."

Which is fine, most of the time. I like being strong. During the winter months I can even persuade myself that being strong is more important than how I look. Then it comes time to visit my in-laws in California. Every mirror reveals the same thing: thighs crying out for liposuction. I won't even mention that in California, Goldie Hawn's body is normal for a woman of her age.

Wavering thus between acceptance and savage disapproval of my excess girth, one day in the bathtub I realized that I was forgetting about the Sahara. This unfashionable body has borne two children with considerable efficiency. It can swim a reasonable distance and stay (mostly) upright on eight small skate wheels. With a surge of affection for my plump pink limbs, I understood that I value my body not for what it looks like, but for what it does—including what it could do that I haven't even asked it to yet. For example, I could, if called upon, withstand Arctic temperatures, like a seal whose fat makes it buoyant and resistant to cold. Could Goldie Hawn say that?

But since I do not live on an ice floe and must occasionally appear among polite company in a bathing suit, I will continue to fantasize about wearing a size ten. Still, I'm not making any hasty decisions like cutting out the cream in my coffee. You never know when a little cellulite is going to come in handy. ●

Carol McD. Wallace is the author of "Elbows Off the Table, Napkin In Lap, No Video Games During Dinner" (St. Martin's Press, 1996).

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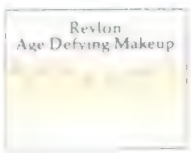
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on the cover

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92 THE BABY-SITTER She was a teen. He was older, a father, her employer. And what he did crossed the line. By Felicity Tremblay

160 BLACK AND WHITE WOMEN: WHAT STILL DIVIDES US An honest, thought-provoking LHJ/*Essence* magazine roundtable discussion. By Audrey Edwards

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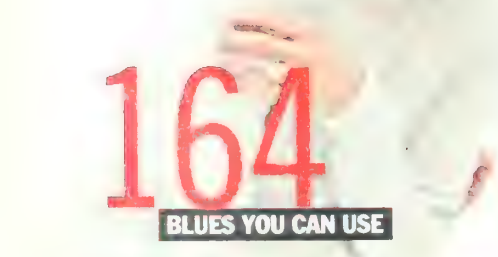


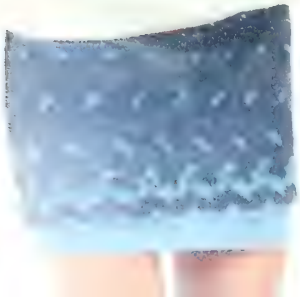
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108 THREE SISTERS, ONE BABY The heartwarming gift that helped one sibling achieve her dream of motherhood.
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168 THE HOUSE THAT HAS IT ALL Tour the private quarters of our seventh annual New American Home, a luxurious yet livable place guaranteed to generate sweet dreams. Produced by Kimberlie A. Waugh

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68 MEDINEWS FOR KIDS Adult-onset diabetes in kids; can children pick up a mother's depression?; and more.

218 THE LAST WORD "What Women Really Want In Bed" Turn off the phone, lock the door and get ready for eight long hours of blissful, uninterrupted . . . sleep.
By Elizabeth Rapoport

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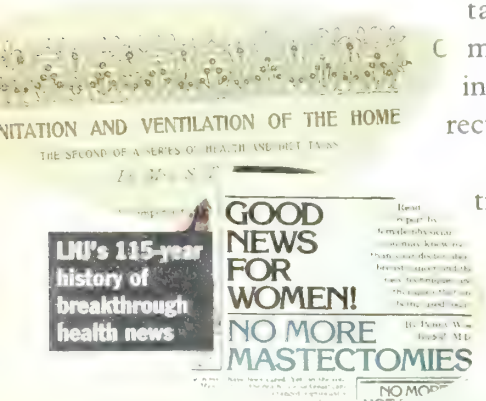
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To Your Health!



Ladies' Home Journal has a century-old tradition of giving our readers pertinent and practical information about health. As long ago as 1899, LHJ was advising readers on sanitation, editorializing against the public drinking cup—it spread germs!—and even writing frankly, at a time when such matters were rarely discussed, about sexually transmitted diseases. *Ladies' Home Journal* was also an important force in banning the sale of dangerous, addicting patent medicine to women and encouraging the formation of the Food and Drug Administration. Through the years, the magazine has been in the forefront of reporting the latest news about health—telling millions of women, for example, about the importance of Pap smears in 1955 and about the value of lumpectomies in 1983.

In this issue, to celebrate LHJ's 115th anniversary, you'll find a comprehensive women's health report, which we prepared with the help of the University of Virginia Health Sciences Center. As part of the project, we gave checkups to fifty LHJ readers, and I know that what they learned about staying healthy will be of value to you, too. LHJ also hosted a Women's Health Conference at UVa to discuss a variety of important issues. Many outstanding medical professionals took part, including Dr. Vivian Pinn, the director of the Office of Research on Women's Health at the National Institutes of Health, and Dr. JoAnn Pinkerton, founder of UVa's Women's Place.



Yes, we're proud of our tradition, and we're determined to continue telling you and your family what you need to know to stay healthy.

MYRNA BLYTH
Editor-in-Chief

100 Most Important WOMEN



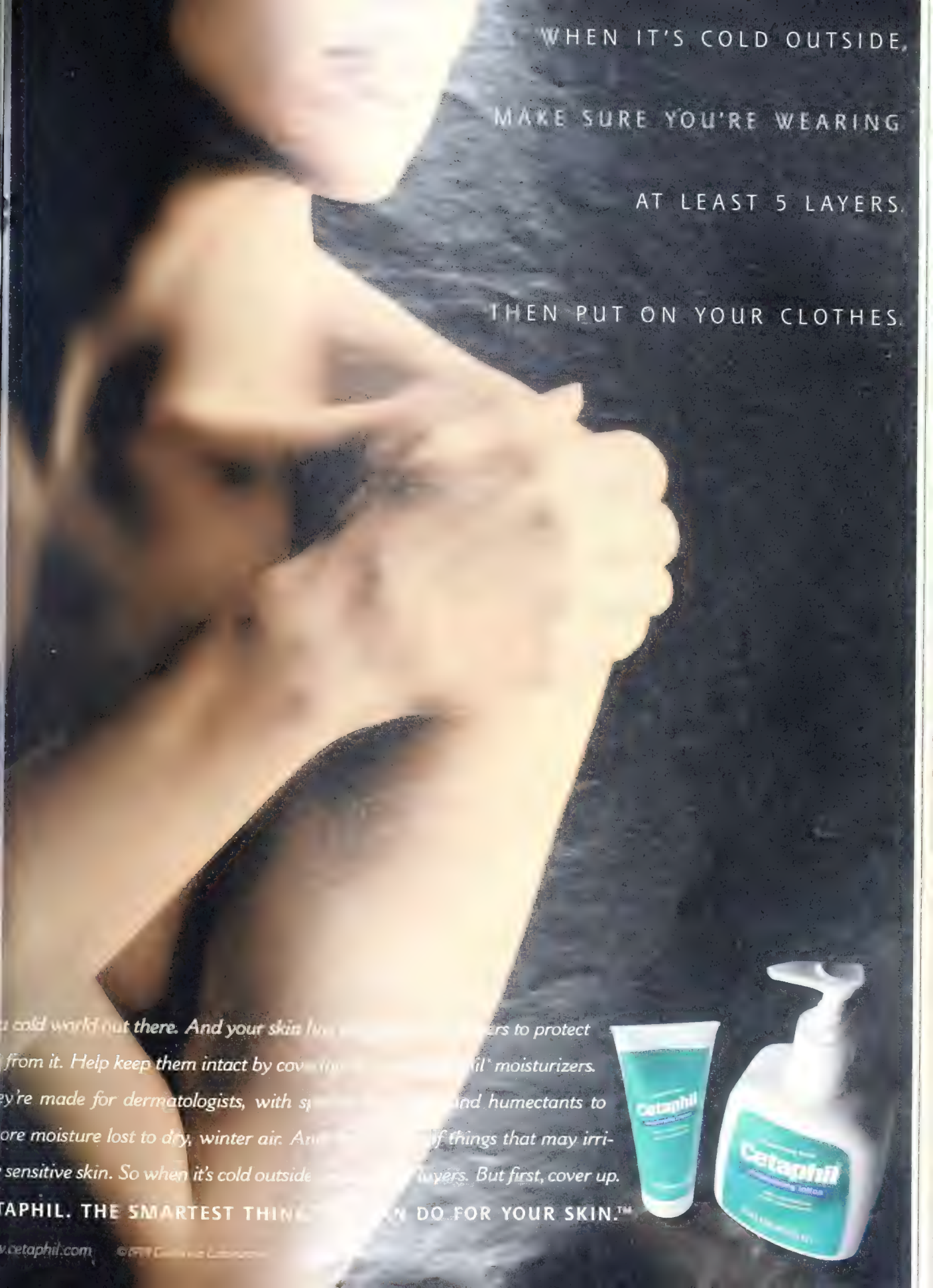
WEIGHT WATCHER
Jean Nidetch
1923–

Being a loser made Weight Watchers' Nidetch a real winner

As an overweight housewife from Queens, New York, back in 1961, Jean Nidetch made a life-changing discovery: Staying on a diet was easier when you shared the experience.

Nidetch had been shocked into dieting after being asked when her baby was due. (She wasn't pregnant.) At the Obesity Clinic at the New York City Department of Health, she received a diet featuring low-fat proteins and lots of fruits and vegetables. But Nidetch found herself constantly cheating. To boost her morale and willpower, she invited six dieting friends to meet once a week. The results were dramatic: Within a year, Nidetch had dropped 72 of her 214 pounds, going, as she put it, "from a perfect size 44 to an imperfect size 12."

Two years later, Nidetch and fellow dieter Albert Lippert incorporated their informal support group into Weight Watchers International. In 1978, they sold the company to H.J. Heinz for $72 million. Today, Weight Watchers holds 29,000 meetings a week, attended by approximately a million people in twenty-four countries. "Before Weight Watchers, lots of people felt like they were the only ones with a weight problem," says a still-trim Nidetch. "I said to people everywhere, 'You're not alone.'"


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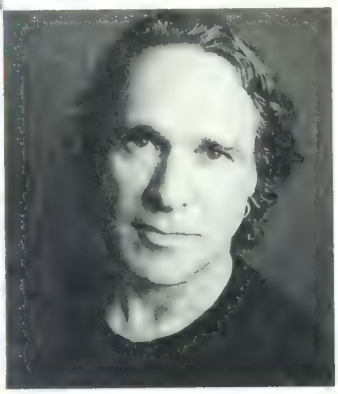


Constance Costas

Using the latest women's health research, we gave the citizens of Charlottesville, Virginia, a complete health makeover in "The Town That Got Healthy" (page 118). "While genetics plays a part in your overall health, you'd be surprised to what extent you can swing things in your favor by making simple lifestyle modifications," says Costas, who reported the town's transformation.

Richard Greene

Known for his stark-but-vivid photographs, Greene was well suited to create a photo illustration for our story on race relations, "Black and White Women: What Still Divides Us" (page 160). "Subtle lighting, rich shadows and strong colors always have a way of bringing out what is essential and real about a subject," says Greene.





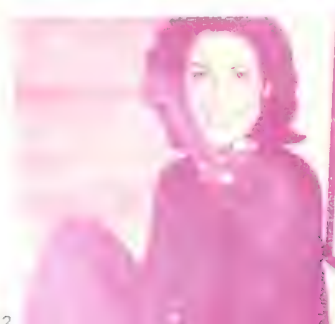
Elizabeth Rapoport

"The modern human condition is one of sleep deprivation," says Rapoport, who was inspired to write "What Women Really Want in Bed" (page 218) when she realized that she's usually happier with her eyes shut. "'You look exhausted' has become my catch-all greeting," she says. Rapoport is executive editor of Times Books/Random House.

Sergio Baradat

This painter and graphic designer thrives on diversity. "I've done everything from book covers to textile design," says Baradat, whose major influences—German Expressionists, Chuck Jones's Looney Tunes—are just as eclectic. This month, he illustrates the passion shared between soul mates in "7 Steps to a More Spiritual Marriage" (page 52).





Deborah Beroset

After speaking to many experts to write "30 Days to Stop Your Kids from Fighting" (page 44), Beroset tested what she learned on her family. "The trick is, both parents and kids have to make some changes," she says. Beroset is the mother of two daughters who are getting along quite nicely.

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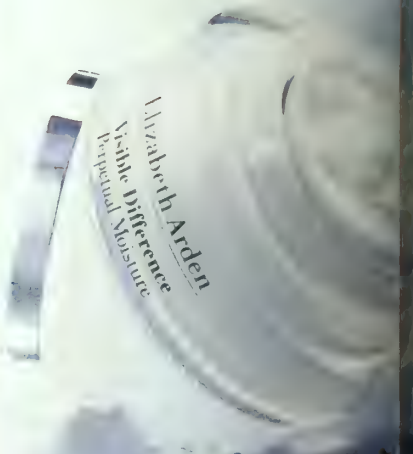


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My husband is IMPOTENT

Wendy had almost resigned herself to the fact that James couldn't—or wouldn't—have sex. Then her old flame showed up to remind her what she was missing. By Margery D. Rosen

WENDY'S TURN

"For more than twenty years, I've rationalized away the fact that our sex life has been a continuous disappointment," said Wendy, forty-five, an elementary-school teacher. "James has been struggling with impotence for years. I thought I could live with it, but now I see I can't.

"Six months ago, I bumped into my old boyfriend, Tim. We were both just blasted away, and Tim's been writing and calling since then. I can't believe I'm saying this, but I'm actually thinking of having an affair. It's been nearly four years since James and I decided not to even attempt making love. But seeing Tim has made me realize what I've lost.

"In every other way, James and I have a wonderful relationship. Our daughter Alexis, who is sixteen, brings us great joy. We're both close to our families, we have many friends and we're very active in our church. We share so many interests—art, music, traveling, theater, gardening. James, an industrial designer, has always been my biggest booster.

"This is not the first time we've been in counseling. We've seen two therapists, both of whom assured us that once the marriage got better, the sex would, too. They said we had a lot of power and control issues, so we worked hard on those problems, hoping our efforts would yield positive results in the bedroom. And for brief periods, it seemed to. And how could I break my marriage vows for sex, considering the environment I was raised in?

"I grew up in Oregon, one of five children in a strict Catholic family. I was especially close to my older sister, who was the family rebel. My parents were so concerned she'd get pregnant they sent her to a girls' boarding school. I loved my folks, but I was never able to really talk to them. We all went to religious schools, and we grew up surrounded by all kinds of prohibitions about sex.

"During my junior year in college, I studied in Paris, and had my first taste of freedom and my first serious boyfriend, Tim, who was also on the exchange program. Though our relationship was definitely very sexual, I refused to actually sleep with him and we eventually broke up.

"After college, I moved East with a girlfriend. I found a teaching job in a suburban Boston school and began studying for my master's at night.

"James was in one of my classes. I noticed him immediately because he was so much smarter than everyone else. Every time he spoke, in that deep, sexy voice, I felt this stirring inside me. He's not gorgeous—he's always been a little overweight—but that never mattered. *(continued)*



THE MOST POPULAR, most enduring women's magazine feature in the world. This month's case, about a couple learning to deal with sexual problems, is based on interviews with clients and information from the files of Suki Hanfling, M.S.W., L.I.C.S.W., director of the McLean Institute for Couples at McLean Hospital, in Belmont, Massachusetts. The story told here is true, although the names and other details have been changed to conceal identities.

"One night he offered to drive me home, and we started dating. The relationship became intense quickly, but it was never very physical. This time, I wanted to have sex, but James wanted to wait. At the time, I thought, My goodness, he respects me so much.

"James had often told me that sex was not that important to him. He'd had several relationships but they were always based more on their cerebral connection, he said. I thought I didn't care, but on our honeymoon night, James was not able to get an erection. The situation became so highly charged we couldn't even talk about it. I think both of us hoped this was about stress, since James had recently lost his job due to corporate downsizing. Still, we didn't actually consummate our marriage for four months.

"Making love became such an ordeal that James began to avoid me entirely. Whenever I tried to talk about it, he'd end the discussion abruptly. Of course, I blamed myself—and James blamed me, too. Often, he'd complain I was too demanding or that I wasn't making love the right way. I was so inexperienced I didn't know what to think. But a marriage counselor I consulted told us that the drug for high blood pressure that James had been taking since his early twenties was most likely responsible for his problems. Once James switched to another medication, things did get better, for a while. But at best, we made love barely once a month.

"About seven years ago James was diagnosed with diabetes. Within a short time, he was having constant problems getting an erection. I finally resigned myself to the situation. But when I bumped into Tim, all my old anguish was stirred up again. I told James about it, because I feel it's important to be completely honest—and also, I want to keep our marriage together. But the truth is, I'm terribly torn."

JAMES'S TURN

"I don't want to lose her," said a somber James, fifty-five, "and I refuse to allow her to have any contact with Tim. The problem is, even as a teen, sex was just never a priority for me. I love my wife, I love being with her and I think she is beautiful. But Wendy fell in love with the most important part of me—my intellect. We used to have such wonderful times together; still, I've always felt Wendy had one foot out the door. Sex has become the monster that stalks us everywhere.

"I grew up surrounded by aunts, uncles and cousins in a blue-collar neighborhood outside of Boston. My mother was a homemaker; my father was a proud man who had to take a job in a frame shop when he came to this country after the war. As the older of two sons, I was the repository of my parents' hopes and dreams. I was expected to do great things.

"I originally wanted to be an architect, but by the time I finished high school, I'd stumbled onto industrial design. After college, I went to work designing consumer products for a large research company. I worked on everything from lighting equipment to inventing a lower-fat potato chip. The perennial student, I'd often sign up for a class that interested me. I noticed Wendy right away. She did a class project, and her ideas were incisive, her presentation cogent. I immediately asked her out.

"I had never been in love before. I'd dated on and off over the years, but I didn't have a great deal of sexual experience. I don't remember any problems with impotence, though sex was so-so even then, and I'd pretty much set myself up for a life of comfortable bachelorhood. But I fell suddenly and unexpectedly in love with Wendy. I'm not quite sure what she saw in me. I'm a short guy, not much to look at.

"Our honeymoon was a disaster. I'm old-fashioned, and didn't want to have sex before we were married, though Wendy was eager. Unconsciously, I put a great deal of pressure on myself that first night, which of course made everything even more difficult. I became extremely anxious because I knew I had deeply disappointed my wife. We talked a lot about it—at least, Wendy did; I really wasn't keen on discussing my inadequacies. I felt excruciatingly vulnerable. Then, to top it off, I had also lost my job, another huge blow to my confidence.

"We used to have these incessant arguments about sex. I blamed Wendy for making it so important. She can be extremely critical and she doesn't censor her comments. Though I treasure the fact that she speaks her mind, she takes it to extremes.

"Looking back, I'm convinced that almost all of our sexual difficulties stem from my medical situation. I was diagnosed with high blood pressure in my early twenties and I began taking medication a few years later. More recently, the diabetes further affected my performance. I'm not capable of the mechanical part of sex and I think both of us have to accept that. The fact is, until we bumped into Wendy's old flame at that reunion, I thought Wendy understood. It appears I was wrong."

THE COUNSELOR'S TURN

"Ignorance about sexual issues and problems is one of the causes for all kinds of sexual dysfunction, and impotence is no exception. Though precise numbers are hard to come by, experts believe that as many as twenty million men suffer from some degree of impotence. In years past, it was generally believed that psychological problems such as marital discord or depression were largely responsible. While *(continued)*

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these are factors, experts now say 80 percent of cases are physiological in nature, caused by the medications used to treat hypertension, or diabetes (which affects nerve endings in the penis) or cardiovascular disease, hormone disorders, prostate problems or any number of common medications. Though there are numerous options today, sufferers are often too ashamed or embarrassed to seek treatment. Their reluctance to discuss the problem makes it worse. In James's case, the psychological fallout of not being able to perform included poor self-esteem as well as a weakening of the otherwise intense bonds that held him and Wendy together.

"Wendy remained torn between her normal, healthy sexual desires and her feeling that she shouldn't make such a big deal about them. Her upbringing played a dominant role here, and she found it impossible to shake the belief that there was something sinful about wanting sex. Like countless women, she spent years suppressing her sexual appetite out of guilt and fear. Nevertheless, a disagreement erupted, Wendy's resentment flared and she held their unsatisfactory sex life against her husband. By the time they came to see me, a furious Wendy was even beginning to think that his medical problems were a convenient excuse.

"Articulate and outspoken, James hid his problems behind a wall of words. His self-image needed a good deal of polishing: Well aware of his shortcomings, he ardently pursued intellectual interests and achievements to compensate for what he believed he lacked in physical attractiveness.

"James had clearly experienced a low level of sexual desire for most of his life; his inability to sustain an erection and reach orgasm were very likely caused by hypertension and more recently the onset of diabetes. These physical factors, coupled with the humiliation he felt when he couldn't perform, triggered a vicious circle of anxiety and failure. For the high-achieving James it was devastating. He avoided sex and began to claim, until even he believed it, that he was simply not a sensual person.

"Wendy's reaction to her husband's problem was typical. She alternated between blaming herself and blaming him; sometimes she'd pick a fight just before bed to save him from the humiliation of attempting sexual intercourse.

"James honestly believed he was unattractive and couldn't understand why his pretty wife would be interested in him. During one session, I asked Wendy to tell him. As she proceeded with a head-to-toe analysis of her husband's body and the parts that appealed to her, you could see a slight smile curl the upper corner of his mouth; he sat up straighter in his chair.



James and Wendy needed to stop focusing on the sex act and rediscover their pleasure in each other

"James's defensiveness eased even more as we began to discuss sexuality in its many forms. Wendy and James were so focused on the act of intercourse, they couldn't imagine any other way to give each other pleasure. What they discovered was that there are many other steps to pleasure.

"When James denied being a sensual person, I asked him, 'What does give you pleasure—inside and outside the bedroom?' He reported he loved the beauty of his garden; he loved kissing his wife—the long, deep kisses of their courtship, which no longer played a part in their marriage; he loved running his fingertips over Wendy's skin. I then suggested they try a series of sensate-focus techniques—carefully scripted exercises in which they massaged each other using oils and lotions but were forbidden to have intercourse. This allowed them to focus on the pleasure of touch without the pressure to perform.

"In time, James became very comfortable using touch, and eventually oral sex, to bring his wife to orgasm. 'Intercourse doesn't seem quite so important anymore,' he said with much delight. Wendy agrees that the time holding and caressing each other is hugely satisfying. 'I no longer feel that I'm begging my husband to please me.'

"I also referred James and Wendy to a urologist so that they could investigate several of the newer impotence treatments. One of those is an injection of a drug directly into the penis (marketed under the brand name Caverject). Because James endures daily insulin injections and blood checks, he was reluctant to try this option. Also available is a vacuum pump—which they are considering. [On the horizon: pills to take one hour before sex, as well as a suppository for the urethral opening, triggering an erection. It is called MUSE—an acronym for medicated urethral system for erection.] 'We're keeping our options open,' Wendy explained during their last visit. 'Our marriage has been transformed, and we both know now that being sexual doesn't have to mean intercourse.'" ●

For more information: Clinics nationwide have opened to help couples with impotence. Check your Yellow Pages and white pages or contact a referral group such as Impotence World Association at 800-669-1603, or The Diagnostic Center for Men, which has national treatment clinics, at 800-576-5189.



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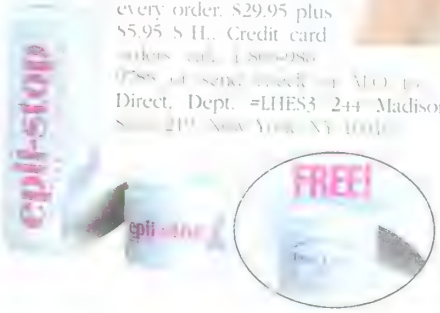


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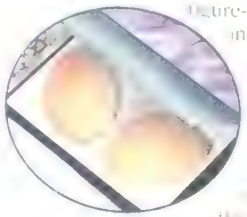
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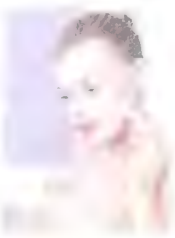




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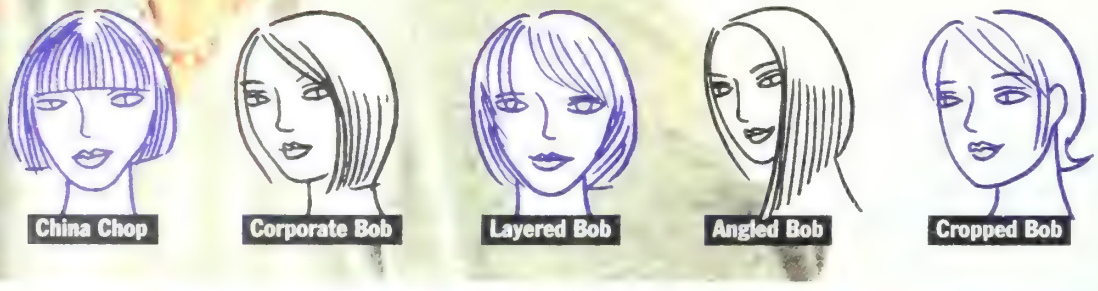


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The Bob Squad

The bob is back," says Charles Booth of the La Coupe Express Salon, in New York City. "But instead of the cookie-cutter power bob of the eighties, the bob today comes in many versions, which means more women can successfully make it their look." For instance, the chic China chop makes fine hair seem thicker (but requires monthly trims). The blunt one-length corporate cut plays up shine and highlights, and works if your hair is curly or straight. A layered bob with feathery bangs softens features and has a casual attitude. The angled bob hides a saggy jawline and gives heavy hair movement. Choppy and short, the cropped bob is the trendiest, and most low-maintenance, look.



HAND WASH, OR NOT?

Is there another way to clean a dry-clean-only sweater? "Absolutely," says Betty Halbreich, author of *Secrets of a Fashion Therapist* (Cliff Street Books, 1997), who hand washes everything from silk to cotton to cashmere. Add ½ tsp. of liquid dishwashing detergent to a sinkful of cold water and soak sweater. Rinse twice, the second time adding a drop of glycerine (from the drugstore) as a softening agent. Squeeze sweater gently; don't twist. To dry, lay flat on a towel, flip several times during the drying period, then shake out to fluff. (Always test process on a small corner of fabric first.)

7 Splurges That Are Worth It



Think of them as beauty *investments*. When it comes to your looks, these pricey purchases will make an invaluable difference.

1. A stainless-steel, hand-polished slanted **tweezer** will remove the shortest brow stubble. Try the Tweezerman ($22)—the company even provides free sharpenings.
2. A full-face **optic magnifying mirror** (made from high-quality glass; $65 and up) is free of distortion for accurate makeup application.
3. A set of long-handled, **natural-bristle makeup brushes** ($17.50 to $62.50) offers controlled blending and a more natural look.
4. A natural-bristle **hairbrush**, like one by Mason Pearson ($54.50 and up), reduces breakage and adds volume and polish.
5. A pro **manicure/pedicure kit** ($15) makes done-at-home nails salon-perfect.
6. Heated **hand/foot booties** for soothing hot-cream treatments at home. Try Beauty Heat Mitts and Booties ($45).
7. A **hair dryer with a soft-hood attachment**, like Belson Gold 'n Hot Bonnet ($34.99), frees hands to do makeup.

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Dear Beauty Doctor:

I've got a medicine cabinet full of skin-care products—moisturizers, toners, antiaging creams, eye gels. Should I be applying them in a particular order or at a specific time of day?

"The favored order is liquids, gels, lotions and then creams," says Fredric Brandt, M.D., a Miami-based dermatologist. Liquids and gels need to be absorbed directly into the skin, but creams and lotions form a barrier, which is why they should go on last. If you use Retin-A or Renova, Brandt suggests applying them at night (because they make your skin more sensitive to sun), and alpha hydroxy acid and/or vitamin C products in the morning.

Exercise of the Month



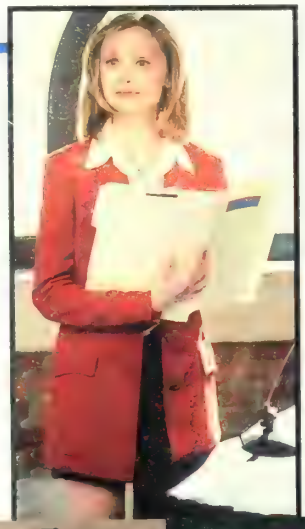
Mary Lou Retton, the thirty-year-old gold medal Olympic gymnast, uses this lateral back move to help stay in shape: Position your left shin across the seat of a chair, with right leg on the floor, knee slightly bent. Hold stomach in. With a five- or ten-pound weight in your extended left hand, bend over from the torso until the weight is parallel with your right ankle. Slowly raise your left elbow, keeping your arm close to your body. Do two sets of ten reps. Switch legs. Retton is currently featured in *Gymnastics: Balancing Acts* (Rizzoli/Universe, 1997), a book on the top gymnasts from the last five decades.

DID YOU KNOW . . . every year the average strand of hair will be **shampooed** 275 times, **conditioned** 244 times, exposed to 275 episodes of **dryer heat** and **brushed or combed** 730 times? No wonder we have bad hair days.

From L'Oréal consumer research

CELEB STYLE WATCH

These days you can watch TV shows for their plots—or to get fashion ideas. FOX's *Ally McBeal*'s short-skirted suits and clingy sweater tops (from designers like Calvin Klein, Parallel and Bebe) are super-stylish alternatives to typical trial-lawyer attire; on ABC's *Dharma and Greg*, yoga instructor/dog-trainer Dharma artfully mixes vintage pieces with contemporary ones by Daryl K. and Katayone Adeli. And Veronica of NBC's *Veronica's Closet* looks fashionably eccentric in her slip-like dresses, flowy jackets and lingerie from French Genny.







From top: Calista Flockhart as Ally McBeal, Jenna Elfman in *Dharma and Greg* and Kirstie Alley in *Veronica's Closet*



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How To Max Out A Pantsuit

By now you've probably worn your favorite pantsuit to death. Here's how to make it look new, fun and different

Two pieces *can* equal an almost infinite number of looks. We've done the math; now all you have to do is add some basics: 1.) Wear the jacket over a colorful sleeveless dress for a trendy trans-seasonal look. 2.) For a stylish casual Friday, throw the jacket over slim khakis and a V-neck tee, and drape a sweater over your shoulders. 3.) Top off the pants with a big easy shirt and sweater and your comfiest sneakers on the weekend. 4.) For evening, make a tailored jacket even more sophisticated—belt it, add fluid black pants, ankle-strap shoes and a dressy camisole.



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Tina Johnstone is planning another Silent March on Washington this May

"I'm fighting the war against GUNS"

I couldn't prevent my husband's senseless death, but I'm trying to keep others from becoming victims of gun violence.

By Tina Johnstone, as told to Cindy Schweich Handler

Even the most jaded Washington politician was surely moved by this spectacle: Ringing the Capitol Reflecting Pool on a clear September morning were nearly forty thousand pairs of shoes, sorted neatly into groups representing all fifty states. As passersby learned, these shoes represented the number of Americans killed by guns in a single year. Families of shooting victims told the tragic stories of how their loved ones came to be included in that total, and how the empty shoes, many of which had belonged to the victims, bore silent witness to their memories.

I helped organize this event, the Silent March on Washington, but I was there as much more than a coordinator. Among the 2,444 pairs of shoes from New York were sneakers belonging to my husband, David. Since his death more than five years ago, I've committed my life to working to prevent guns from getting into the wrong hands, so that other families might be spared the pain my children and I have endured.

I never dreamed that David would one day be connected with any type of violence. At forty-three, David was a supremely contented man—happy with himself and his job as senior editor in the college textbook division at Macmillan Publishing, in Manhattan. Our marriage was loving and strong, and he took absolute delight in our children, Zoë and Ian (now eighteen and fifteen). He spent countless hours bike-riding, playing and reading with them.

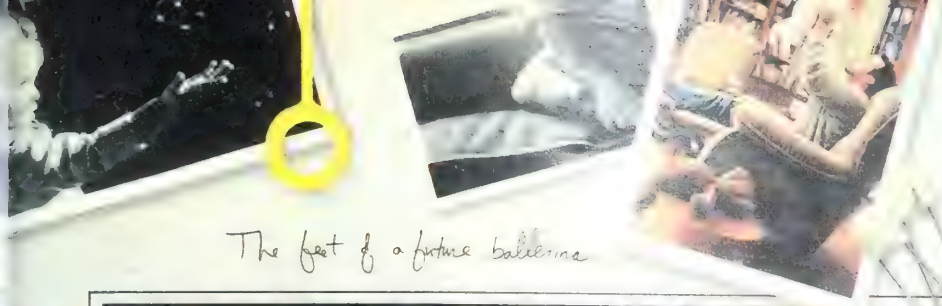
Then, on July 29, 1992, everything changed. I was with the kids at my parents' vacation house in Minnesota, and David was in San Francisco on business. At two that morning, the phone rang. It was a nurse from San Francisco General Hospital. "Your husband has been shot," she said.

At first I thought she had the wrong number; there was no way that David could be involved in a shooting. Then the terrible reality set in. The nurse didn't tell me how bad my husband's injuries were, but I knew that he'd need me. I left Ian and Zoë with my parents and flew to California.

Remarkably, David was conscious and able to talk about the attack. After a late dinner, he had been walking back to his hotel in the upscale Nob Hill neighborhood when he noticed three young men hanging out under a canopy ahead. Wary, David started crossing the street to avoid them, but the youths followed, shot him in the back, then panicked and ran without taking his wallet. (They later claimed the gun had gone off by accident.)

My once-healthy husband, who loved to walk several miles every day, was instantly transformed into a shattered victim. The hollow-tipped .38-caliber bullet had exploded on entry and severed his spinal cord, then hit a lung, a kidney and his colon before settling in his liver. He would be permanently paralyzed from the waist down.

With the help of a *(continued)*



"Honey . . . your turn to Change the baby!"

The feet of a future ballerina

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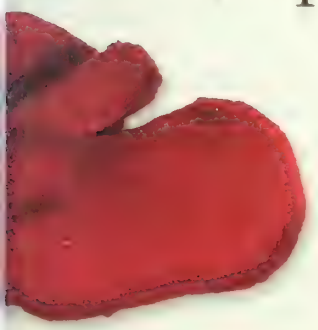




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Above, thousands of shoes were set before the Capitol in 1996; right, David and his family before the shooting

superb trauma team, David slowly began to improve, and after ten days he was strong enough to be flown to New York's Rusk Institute for physical rehabilitation. I visited him there every day, and the kids came on weekends. He made wonderful progress in a short time—he liked racing against the younger patients in his advanced wheelchair class.

I think Ian and Zoë were more aware than I was of the effect their father's injuries would have on our lives; I was just concentrating on getting through this initial crisis. We prepared for his homecoming and counted the days.

But he never did come home. Two weeks after David arrived at Rusk, a blood clot in his leg unexpectedly broke free and traveled to his lung, killing him. The mugging was now a homicide, and at forty-one, I was a widow.

The support of friends and family and the routine of the school year helped Zoë and Ian, but for months I slept miserably. Reading books about the grieving process did nothing for me. Gradually, though, my sorrow gave way to a rising anger as I thought about how senseless David's death had been. I blamed it on the ready availability of guns in this country. The sixteen-year-old

The different styles and sizes of shoes sent the message that no one is immune from gun violence



boy who turned himself in for the shooting had been drunk and high on cocaine that day. He was later quoted as admitting, "If I didn't have a gun that night, I would have just kept walking."

The gunman received the maximum sentence for minors—eight years of detention. He is currently serving his sentence in a California Youth Authority facility. (No information is currently available about the other two accomplices to the shooting.) But I felt no satisfaction. Putting a kid behind bars wouldn't make the streets any safer—guns were too easy to come by.

I was outraged that the hollow-tipped bullets the teenager had used are still sold by many sporting-goods and discount stores, even though they have been banned by the Geneva Convention, which sets standards for humane wartime policies. I realized that whatever antigun legislation did exist wasn't nearly enough.

About a year after my husband's death, I attended a conference in Washington, D.C., sponsored by Handgun Control, Inc., the lobbying group headed by Sarah Brady, whose husband, Jim, was seriously wounded in the 1981 assassination attempt on then-President Ronald Reagan. By the time the conference ended, I had gathered the names and numbers of people from the New York area. We banded together to form a new organization, New Yorkers Against Gun Violence.

Together we focused on getting our legislators to pass meaningful gun-control measures. Ellen Freudenheim, one of my co-founders, had become an activist after hearing about a teacher who had been killed for his bike in the same Brooklyn park where her husband cycled. When the Senate began debating the Brady Bill (now a law), requiring a waiting period of up to five days to run a background check before a handgun can be sold, Ellen and I came up with the idea of displaying shoes representing shooting victims in front of New York Senator Alfonse D'Amato's office. The different styles and sizes would send the message that no one is immune from gun violence.

We collected two hundred pairs of shoes, including David's old skates and sneakers, for our display, and received some very gratifying press attention. Though Senator D'Amato didn't vote for the Brady Bill—which passed in November 1993—I was thrilled that we had, at least, forced the media spotlight on his stance.

I lectured at every opportunity to women's groups, held press conferences with New York Representative Charles Schumer (then the head of the House Subcommittee on Crime and Criminal Justice), testified before Congressional hearings, wrote editorials and used our group's newsletter to encourage letters and petitions. Sometimes *(continued)*



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Madame Alexander
ALEXANDER DOLL COMPANY, INC

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our efforts were successful; in early 1994, we helped convince Republican Susan Molinari (then the Staten Island representative) to change her vote to favor the federal assault-weapons ban.

The gun-control movement brings together wonderful people for all the wrong reasons. Among those I've met is Representative Carolyn McCarthy, whose husband was murdered and son gravely wounded in the Long Island Rail Road massacre of December 1993. She successfully challenged her district's incumbent for his seat in Congress in 1996 after he voted to repeal the assault-weapons ban. Carolyn and I often call on each other when we need support to help wage a particular battle against the gun lobby.


Zoë and Ian help their mother in her crusade

Following the suggestion of a TV producer who had become active in our movement, Ellen and I made plans to stage a national event in 1994, one at which participants could network and bring the message home to legislators. Since the empty-shoes protest had attracted so much publicity, I proposed we bring enough pairs to Washington to represent the number of annual gun deaths. (The most recent figure we had was from 1991, in which 38,317 people were killed by guns.)

My job was to recruit volunteers to collect the shoes. I found enthusiastic participants from church groups, YWCAs, physicians' groups and hospitals—anyone who had been touched personally or professionally by gun violence. Even my children took part, helping me select and place David's shoes in the New York section—one pair he wore for commuting, plus a new pair of sneakers we had bought for him while he was in rehabilitation.

The two-day Silent March that September was a great success, attracting hundreds of participants. Public consciousness of the gun-control issue was raised, and many of our members lobbied their representatives. When it was over, I felt exhilarated, as if I had given birth.

Although we had hoped that the Silent March would be an annual event, a shortage of money and volunteers delayed the second protest until September of 1996. This time, we collected 39,595 pairs of shoes (reflecting 1993 statistics). The turnout in Washington was just as strong, but this time around, I felt more despair than elation. Despite all our efforts, the number of gun deaths had gone up, and I'll never forget all the awful, heartbreaking stories I heard from gunshot victims and their families. Black, white, Asian, Hispanic, wealthy, poor, male, female, young and old—every segment of society was represented.

So my battle continues. At the moment, I'm getting together a traveling exhibit of shoes and memorial notes to display in public meeting places around the country. We're also coordinating the third Silent March, to be held this May.

But I have an even bigger event in the works: I'm one of sixteen co-plaintiffs, all New York State gunshot victims or family members of victims, in a lawsuit against thirty-five gun manufacturers and thirty distributors, who make up a significant portion of the business. We contend that these people are negligent because they saturate the country with handguns, yet don't do enough to keep their products from falling into the hands of criminals or children. Our case is scheduled for trial on October 19.

My kids are the reason I'm doing this, and both of them do a lot to further the cause themselves. Zoë has addressed her high school and helped conduct workshops there on gun violence, testified before crime-committee hearings and been interviewed on TV. Ian is quieter in his support, but he's a constant presence, waiting tables at our fund-raising dinners, attending the marches and press events and helping with mailings. And they graciously allow me to monopolize the phone for my work. Our lives aren't totally devoted to gun control, though; I'm a mother first, and I always make time for their school events and family vacations.

I worked part-time as an educational coordinator at the Staten Island Botanical Garden for many years, but now I just show up when I'm needed. Fortunately, David's insurance, his worker's compensation (because he was shot on a business trip) and the benefits I receive from Social Security as the mother of his minor son help support us. But how can any amount of money make up for the loss of a beloved father? Zoë once wrote in a paper for school: "My father . . . will not meet the new people in my life, he has never heard me play guitar. . . . I have grown up without him. . . . There is nothing I would not give just to see or talk to him for a second."

Zoë has her dad's love of music and literature, and Ian has his gentle nature. I think the greatest legacy I can give them is a safer country in which to raise their own children. ●

For more information on the Committee for the Silent March, call 516-247-9101, or New Yorkers Against Gun Violence at 718-596-2587.

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Quote Of The Month

"I don't think of my mother as an actress or a mother. I think of her as a fairly remarkable human being who taught me how to live."

—Emma Thompson, on *Showbiz Today*

Home Economics

Let the home buyer beware: Bidding wars are becoming more common as demand for houses continues to grow. According to Ilyce Glink, author of *Ten Steps to Home Ownership: A Workbook for First-Time Buyers* (Times Books, 1997), gone are the days of offering 20 percent under the asking price. In today's market, she says, you have to go in with your highest offer—which requires careful financial planning. Some tips:

- Make sure you have enough savings. Most first-time home buyers make an average down payment of 12½ percent.
- Check your credit report for possible errors.
- Apply for a preapproved mortgage so you know your spending limit. (Generally, you can afford a home that costs about 2½ times your annual income.)
- Research recent real-estate transactions to find out how much buyers have paid for comparable homes in the area.

—Donald Van de Mark, *Your Money*

The lupus-mono link

Doctors have long struggled to find the cause of lupus, a chronic disease of the immune system that mainly affects women. Now, new research on children shows that it may be linked to Epstein-Barr, the virus that causes mononucleosis.

In a recent study, researchers found that 99 percent of lupus patients had been exposed to the Epstein-Barr virus compared to 70 percent of those without the disease. "It may be that lupus patients are extremely susceptible to Epstein-Barr," or that the virus is a precursor to the disease, explains researcher John Harley, M.D., Ph.D., at the Oklahoma Medical Research Foundation, University of Oklahoma Health Sciences Center, in Oklahoma City. Doctors hope this new discovery will aid in their efforts to find a cure for lupus. —Steve Salvatore, D.O., *CNN Medical News*

Can vitamins zap fat?

A new study shows that common vitamins may help block the bad effects of high-fat food.

When researchers recently asked a group of people to eat a typical fatty fast-food meal, they found that their blood vessels were damaged for up to four hours afterward, according to Gary Plotnick, M.D., at the University of Maryland Medical Center, in Baltimore. But when the same people took a high dose of vitamins C and E before the meal, their blood vessels remained normal—and thus resistant to coronary artery disease.



Can't resist? Eat some veggies with that hamburger

But, the scientists caution that the research is still very preliminary (and the patients took about twenty times the recommended daily amount of the vitamins). For now, they recommend eating plenty of fruit and vegetables, which may also help reduce damage caused by high-fat diets.

—Eugenia Halsey, *Your Health*

Watch CNN's Your Health for the week's top medical news (Saturday, 7:30 A.M., and Sunday, 3:30 P.M., E.T.) and Showbiz Today for the latest from Hollywood to Broadway (Monday to Friday, 5:30 P.M., E.T.)

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WHAT PRICE BEAUTY?

and has he got a clue?

He thinks you look good, but does he have any idea what it took—or how much it cost? Four husbands reveal what they know—and what they don't—about their wives' beauty rituals. By Heidi Schiller



Debra and Scott Schwartz live in Morristown, New Jersey. Debra, 37, is a salesperson at Gap Kids, and Scott, 36, is an insurance broker. College sweethearts, they've been married eleven years and have three kids

HE SAID

MAKEUP MATTERS All I know is that Debra has got shelves of the stuff, and it's not cheap. Funny thing is, she hardly wears makeup, except maybe lipstick. She's got a nighttime skin-care routine, but I have no idea what she uses or how much it costs. $150 a month? **KEEPING UP APPEARANCES** Well, she waxes her legs and gets electrolysis a lot, so what's that? A grand a year? Her nails are kind of brushed-on, so that's probably $100 every other week. Then there are the haircuts and highlights she gets every six weeks at $160 a pop. **HIS ESTIMATE: $450 A MONTH**

"Makeup-wise, my wife is **high-maintenance**"

To touch up her roots, Debra uses Clairol Ultress Gel Colourant ($6.89)

Her R_x for youth? Estée Lauder Eye Zone Repair Gel ($35), every night



Scott had no idea that Prescriptives' Calyx ($27.50) is his wife's favorite scent

SHE SAID

MAKEUP MATTERS It may seem like I'm not wearing makeup, but it takes effort to look that way! I especially love lipstick, and my makeup kit is filled with little samples. I'm a sucker for a free gift! **KEEPING UP APPEARANCES** I recently got acrylic nail extensions, and now I have to go to the manicurist biweekly and spend $35. I wax my lower legs and tweeze my brows myself, but spend big on electrolysis on my bikini line, underarm and upper legs every other month ($110 for three hours). I get my hair cut and highlighted, but I touch up my roots at home. **HER BEAUTY BILL: $115 A MONTH**

For a Glorious Garden

Lend an air of enchantment to your garden this spring with our exclusive *Ladies' Home Journal*® Anniversary Rose and this lovely Victorian garden arch

LHJ Anniversary Rose

To celebrate the 115th anniversary of *Ladies' Home Journal*®, we've had this rose bred exclusively for our readers.

The 1998 *Ladies' Home Journal* Anniversary Rose is a deep pink hybrid tea rose with highlights of lavender. This rose, originally hybridized in California, has been homegrown for us by Certified Roses and is available *exclusively* from our magazine, not in nurseries or from catalog or mail-order outlets.

Our rose features buds with high spiral centers perfect for cutting. Bushes produce plants about 4½ feet high with dark-green foliage; require minimum maintenance, are average in disease tolerance and, with normal care, are cold tolerant to Zone 3. The strong stems produce single fragrant blooms continuously throughout the season. Roses are sold in twin packs only (two LHJ Anniversary Roses per package). A twin pack costs $43.95.

Your bare-root roses will be shipped at the proper time for planting in your zone (about January 15 to May 20, 1998). *Sorry; we are unable to ship this rose to Alaska, Hawaii, Canada, Mexico or Puerto Rico.*

Please order early; quantities are strictly limited.





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Frame a view, define a path, or create an intimate romantic setting with this old-fashioned arbor.

The arbor has trellises on which rose plants may intertwine; a bench for admiring your garden or reading a book on a beautiful sunny days; and a high arch to give your grounds a touch of elegance.

Professionally drawn plans for the eight-foot white Victorian-style arbor contain a photograph, a list of materials, construction diagrams and step-by-step instructions that make building the arbor a snap.

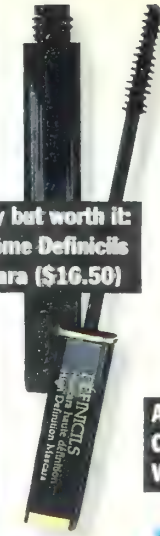
The plans are available at a cost of $12.95.

All prices include shipping, handling and applicable sales tax.

TO ORDER: Send your name and street address, along with a check or money order to Ladies' Home Journal Resources, Dept. L0398, P.O. Box 9381, Des Moines IA [illegible]. MasterCard and Visa users may call 800 [illegible] 8393. Please specify product.



Lisa and Andy Monfried live in Edgewater, New Jersey. Lisa, 28, manages a children's clothing store, and Andy, 29, is a litigation support manager. They have been married for two and a half years



Pricey but worth it: Lancôme Definicils Mascara ($16.50)



A cheap treat: Oil of Olay Foaming Face Wash (just $4)

"Am I going to get into **trouble** for this?"

HE SAID

MAKEUP MATTERS Lisa doesn't wear makeup every day, but since her eyes and her smile are her best features, I suppose she wears a bit more eye and lip makeup to look special. But honestly, I have no clue what makeup she wears. Umm . . . am I going to get in trouble for this? **KEEPING UP APPEARANCES** I have no idea what skin-care products she uses, except for Nivea facial moisturizer, but I bet all together they run $50 a month. Her haircuts cost around $45 every four to five months. I'd be shocked if she got her hair colored. **HIS ESTIMATE: $55 A MONTH**

SHE SAID

MAKEUP MATTERS Andy has absolutely no idea! I'm not a makeup fiend, but I definitely wear some every day, mostly muted, natural colors. And I admit it: I am a mascara hog and splurge on the expensive stuff! **KEEPING UP APPEARANCES** Nivea? Where did he come up with that one? Despite what he thinks, I spend more like $10 a month on skin care. I'm pretty low-maintenance. I don't use any hairstyling products because I think my hair has more movement without them. I don't color my hair, but I do get a haircut every two to three months for $30. **HER BEAUTY BILL: $30 A MONTH**

"Blush? That's that **red** stuff, right?"



Leigh and Mike Meccay live in Rye, New York. Leigh, 30, is a human-resource coordinator for real-estate investment at Clarion Partners, and Mike, 30, is an account executive at Lifetime Television. They have been married for two and a half years

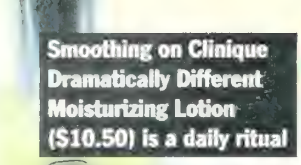
HE SAID

MAKEUP MATTERS You know, I see Leigh's makeup kit lying around, and I still don't know what's in there. She does wear that tan stuff that's supposed to mute things. But I don't think she wears blush—that's that red stuff, right? One thing I do know is that she likes MAC lipstick. It's good lipstick, if you ask me, because it doesn't come off when I kiss her. **KEEPING UP APPEARANCES** Lancôme *(continued)*


possibilities
ELISABETH
BY LIZ CLAIBORNE
CARSON PIRIE SCOTT



(continued) Trésor is her favorite perfume. I know that one. And her favorite nail-color is plum. I can also tell you that she cuts her hair once every two months and that it costs $55 to $75, depending on where she goes. She highlights her hair less often, like every three to four months. But I try not to pay *too* much attention to these things. **HIS ESTIMATE: $65 A MONTH**



Smoothing on Clinique Dramatically Different Moisturizing Lotion ($10.50) is a daily ritual



Leigh loves the long wear of Revlon ColorStay Lipcolor ($8.95) in Cherry and Nude

SHE SAID

MAKEUP MATTERS I used to be a cosmetics junkie, but I now carry around only what I use—foundation, mascara, pale eyeshadow and red lipstick. I also use a moisturizing lotion and eye cream every day. **KEEPING UP APPEARANCES** He knew my favorite scent? That's good. And his plum nail polish guess is close—I really wear toffee. I usually do my nails at home, but I try to get a manicure every once in a while to release some stress. A small extravagance—only $6.50. I cut my hair every three to four months, which costs $40; the highlights cost $80, so I try to make them last as long as I can. **HER BEAUTY BILL: $25 A MONTH**

"You better believe I'm going to study the **medicine cabinet** when I get home tonight"



Andrew and Barbara Brill live in New York City. Barbara, 30, is a producer for *ABC World News Tonight*, and Andrew, 31, owns a coffee-service business. They have been married for five and a half years

A big brush for quickest coifs



Her favorite time-saver: Pantene Pro-V Shampoo Plus Conditioner In One ($3.49)

L'Oréal Studio Line Mega Mousse ($2.99) helps Barbara's new hairstyle

HE SAID

MAKEUP MATTERS It takes Barbara about an hour to get ready in the morning, but I couldn't tell you why. All I know is that there's one section in the medicine cabinet for things we both use, like toothpaste, and two sections that are hers alone. **KEEPING UP APPEARANCES** I see the entries in the checkbook, so I know she gets her eyebrows waxed and spends $65 on a haircut every two to five months. Otherwise, I have no idea what she does or what it costs. **HIS ESTIMATE: $75 A MONTH**

SHE SAID

MAKEUP MATTERS Yes, my medicine cabinet is chock-full. I can't help it—I love trying new stuff and am always looking for products I can apply in a minute when I'm traveling. **KEEPING UP APPEARANCES** I recently got a $100 haircut—it's one of the best ones I've ever had and takes only fifteen minutes to style. He's right about the waxing, but I also have my eyebrows *threaded* [an Indian hair-removal technique in which they wrap thread around individual hairs]. I swear it's less painful than waxing and costs only $12. **HER BEAUTY BILL: $65 A MONTH**

TEST YOUR HUSBAND in our online version of this quiz—we bet you'll both be surprised by his guesses! Log on to LHJ Online at www.lhj.com



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You can keep your boss's unrealistic job expectations in check

Fit a life into your job

If working late hours has you discouraged about your job, take heart: "Many overworked people think that the only two things they can say to their bosses are 'yes' or 'I quit,'" says Robert Hochheiser, author of *It's a Job, Not a Jail* (Simon & Schuster, 1998). However, in many situations, supervisors don't realize that employees are feeling such strain. There are ways to remedy the problem—without leaving your job. Here's how:

- Confront your boss directly about your workload, but don't challenge her wisdom or abilities. Instead, tell her you have the same goals she does, and want her help to figure out how to meet them within more limited hours.
- Don't assume that being a workaholic pleases your supervisor. "Your boss's way of succeeding may be by coming up with great ideas," says Hochheiser. "In that case, helping to develop those ideas would be more effective than working longer days."
- Set priorities with your supervisor so that the most timely and crucial work can be completed by the day's end.

—Richard Bierck

Curbing college costs

As the cost of college tuition escalates, so do parental anxieties about how to foot the bill. Now, the federal as well as many state governments are acting to quell those fears by offering money-saving plans to help pay for college. Here's a look at what's becoming available this year.

—Marilyn Kennedy Melia

PLAN	HOW IT WORKS	WHOM IT'S GOOD FOR	CAUTIONS
Prepaid tuition	Many states have a program whereby parents can prepay all or part of their child's tuition for a public, in-state school at today's rates. The number of semesters you've prepaid will be credited to your child when he reaches college age.	Parents with children who are at least five years away from attending college and who have enough cash to prepay at least one semester.	Find out what happens to your money if your child ultimately attends a private or out-of-state school.
Education IRA	You can contribute $500 annually to an account for each child. Earnings aren't taxed, as long as they are eventually used to pay for the student's education.	People with an adjusted gross income (AGI*) of less than $150,000 who have a very young child. Also good for divorced parents with an AGI of less than $95,000.	You can't draw from the Education IRA in the same year you accept a Hope Scholarship Credit or a Lifetime Learning Credit.
Hope Scholarship Credit	You receive a federal tax credit of up to $1,500 a year per student during his or her first two years of enrollment.	Only available to parents with an AGI under $100,000, and single parents with an AGI under $50,000.	You can't take the credit any year you also draw from an Education IRA.
Lifetime Learning Credit	Provides up to $1,000 year in tax credit for tion.	Same as the Hope Scholarship Credit.	Same as the Hope Scholarship Credit.

* Adjusted Gross Income is your total pay minus contributions to certain retirement plans or self-employment costs.

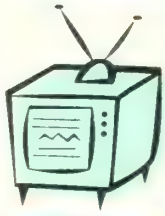
WHAT GOES UP, MUST COME DOWN

Ogling the latest electronic gizmo to hit the market, but put off by its high cost? Fear not: As history shows, these items debut at exorbitant prices but tend to become more affordable over time. To see the downturn in constant 1998 dollars, tack on an additional 4.2 percent inflation rate to the original cost for each year since the item was introduced.

—Corinne L. Domingo



Camcorder
1985 - $1,093
1997 - $536
$557 decrease in 12 years



Color TV
1954 - $1,000
1997 - $281
$719 decrease in 43 years



Microwave oven
1947 - $4,000
1997 - $250
$3,750 decrease in 50 years



Wireless phone
1984 - $2,000
1997 - $220
$1,780 decrease in 13 years

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30 Days to stop your kids from fighting

Sound too good to be true? Follow these small, manageable steps. By this time next month, your home will be a refuge, not a war zone. By Deborah Beroset

Back when your kids were figments of your imagination, you no doubt envisioned a happy band of precious little darlings, your family life an endless string of peaceful days punctuated by loving, tender moments.

Which is just as well, really.

Because if prospective parents were to imagine life with a brood of screeching, bickering banshees, odds are the human race would peter out within a generation or two.

As disturbing and infuriating as it can be, however, a certain amount of friction between brothers and sisters is normal, even useful. "Sibling relationships provide a wonderful place to practice negotiation, cooperation and other skills they'll need throughout life," says Stacy Nagel, Ph.D., professor of psychology at California State University at San Bernardino. "These people are related to you and aren't going anywhere, so it's safe to test out these skills."

Which is not to say you should give up trying to minimize the discord. The following four-week plan is designed to do just that. The overall strategy: You're going to intervene less and allow your kids more opportunities to work out their problems.

The first step toward domestic peace is to relinquish your role as referee. The kids will then begin to work out their conflicts themselves. Honest.

1. Force yourself to back off. Tell your kids that starting today, it's a whole new ball game. "Say, 'I realize I've been getting too involved in your fights, and I want to stop that,'" advises Jane Nelsen, Ed.D., a therapist and author of *Positive Discipline* (Ballantine, 1996). "Tell them you have faith in their ability to solve problems." Make clear that their solutions must not involve inflicting pain.

Then, stay out of it. The next time trouble erupts, grit your teeth and leave the room. With practice, it will become easier. "When parents stop getting involved, the fights diminish incredibly," assures Nelsen. "You're not abandoning them, you're empowering them."



Discreetly monitor the situation, though, cautions Nagel. If the conflict turns violent or if one child is always the hapless victim, you must step in. Severe sibling abuse is rare, she says, but it does happen and should be stopped immediately.

2. Take notes on your own reactions. At what point did things go off track? What kind of language do you use when you're upset? Is stress, frustration or anger affecting your reactions to your kids' disputes? What happens when you don't rush to intervene? Write it all down. You'll learn a lot.

3. Form a battle plan. Decide how to handle situations that do require intervention. Here's the basic strategy:

(continued on page 48)

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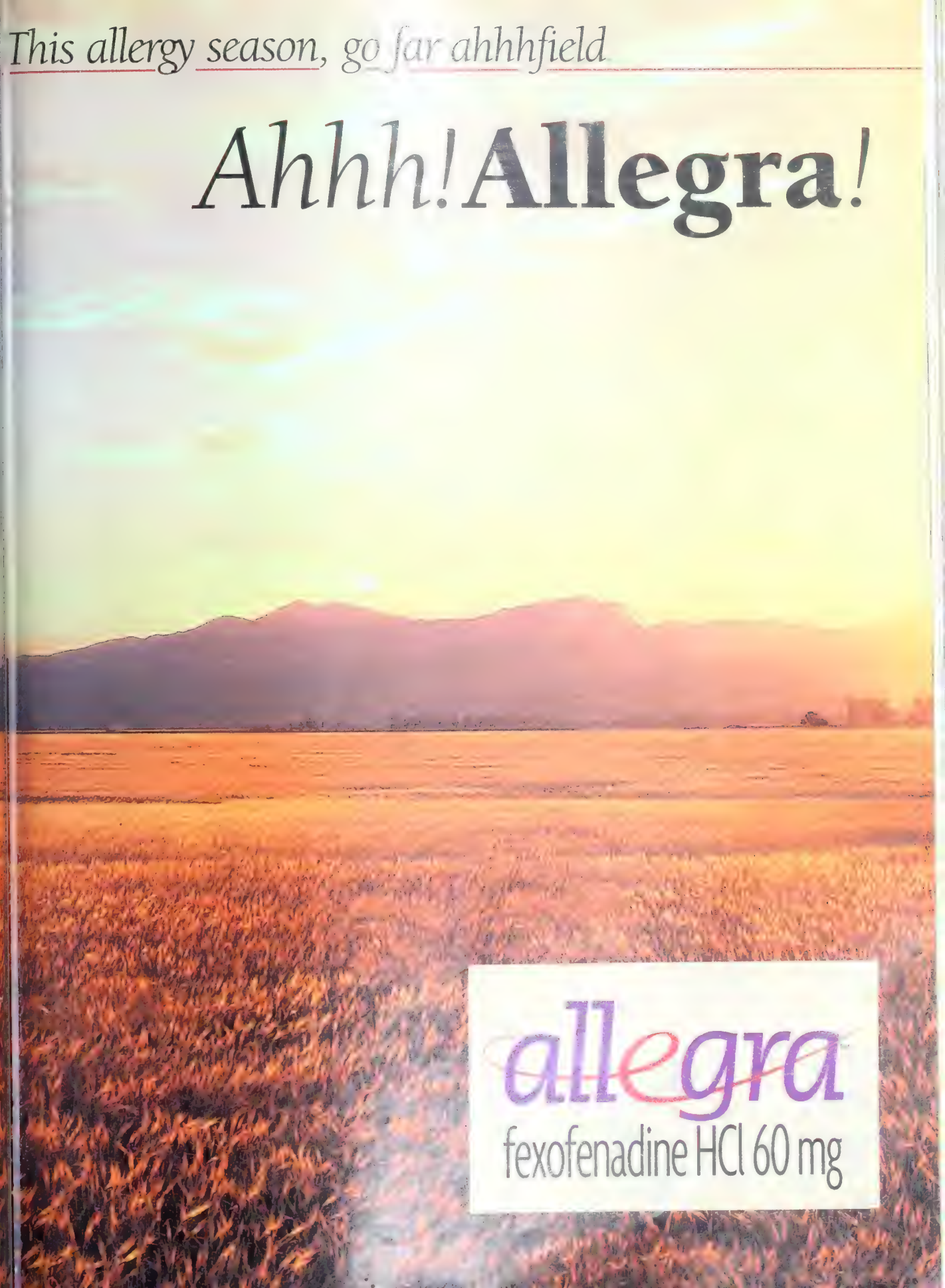
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Prescribing Information as of July 1996

ALLEGRA™
(fexofenadine hydrochloride) Capsules
60 mg

INDICATIONS AND USAGE
As compared with placebo, ALLEGRA™ is effective in the relief of symptoms associated with seasonal allergic rhinitis in adults and children 12 years of age and older, including sneezing, rhinorrhea, itchy nose palate throat, itchy-watery red eyes.

CONTRAINDICATIONS
ALLEGRA™ is contraindicated in patients with known hypersensitivity to

PRECAUTIONS
Drug Interactions
In two separate studies, fexofenadine hydrochloride 120 mg twice daily [illegible] state conditions to normal, healthy volunteers (n=24, each study). No differences in adverse events or QTc interval were observed when subjects were administered fexofenadine hydrochloride alone or in combination with erythromycin or ketoconazole. The findings of these studies are summarized in the following table:

Effects on Steady-State Fexofenadine Pharmacokinetics
After 7 Days of Co-Administration
with Fexofenadine Hydrochloride
120 mg Every 12 Hours (twice recommended dose)
in Normal Volunteers (n=24)

	[illegible] concentration)	AUC [illegible] (Extent of [illegible])
Erythromycin	+82%	+[illegible]
Ketoconazole	+135%	+[illegible]

The mechanisms of these interactions are unknown, and the potential for interaction with other azole antifungal or macrolide agents has not been studied. These changes in plasma levels were within the range of plasma levels achieved in adequate and well-controlled clinical trials. Fexofenadine [illegible] erythromycin, ketoconazole.

Carcinogenesis, Mutagenesis, Impairment of Fertility
The carcinogenic potential and reproductive toxicity of fexofenadine hydrochloride were assessed using terfenadine studies with adequate fexofenadine exposure (based on plasma area-under-the-curve [AUC] values). No evidence of carcinogenicity was observed when mice and rats were given daily oral doses of 50 and 150 mg/kg of terfenadine for 18 and 24 months, respectively, these doses resulted in plasma AUC values of fexofenadine that were up to four times the human therapeutic value (based on a 60-mg twice-daily fexofenadine hydrochloride dose).
In in-vitro (Bacterial Reverse Mutation, CHO/HGPRT Forward Mutation, and Rat Lymphocyte Chromosomal Aberration assays) and in-vivo (Mouse Bone Marrow Micronucleus assay) tests, fexofenadine hydrochloride revealed no evidence of mutagenicity.
In rat fertility studies, dose-related reductions in implants and increases in postimplantation losses were observed at oral doses equal to or greater than 150 mg/kg of terfenadine; these doses produced plasma AUC values of fexofenadine that were equal to or greater than three times the human therapeutic value (based on a 60-mg twice-daily fexofenadine hydrochloride dose).

Pregnancy
Teratogenic Effects: Category C. There was no evidence of teratogenicity in rats or rabbits at oral terfenadine doses up to 300 mg/kg; these doses produced fexofenadine plasma AUC values that were up to 4 and 37 times the human therapeutic value (based on a 60-mg twice-daily fexofenadine hydrochloride dose), respectively.
There are no adequate and well-controlled studies in pregnant women. Fexofenadine hydrochloride should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.
Nonteratogenic Effects. Dose-related decreases in pup weight gain and survival were observed in rats exposed to oral doses equal to and greater than 150 mg/kg of terfenadine; at these doses the plasma AUC values of fexofenadine were equal to or greater than 3 times the human therapeutic values (based on a 60-mg twice-daily fexofenadine hydrochloride dose).

Nursing Mothers
There are no adequate and well-controlled studies in women during lactation. Because many drugs are excreted in human milk, caution should be exercised when fexofenadine hydrochloride is administered to a nursing [illegible].

Pediatric Use
Safety and effectiveness of ALLEGRA™ in pediatric patients under the age of 12 years have not been established. Across well-controlled clinical trials in patients with seasonal allergic rhinitis, a total of 205 patients between the ages of 12 to 16 years received doses ranging from 20 mg to 240 mg twice daily for up to two weeks. Adverse events were similar in this group compared to patients above the age of 16 years.

Geriatric Use
In placebo-controlled trials, 42 patients, age 60 to 68 years, received doses of 20 mg to 240 mg of fexofenadine twice daily for up to two weeks. Adverse events were similar in this group to patients under age 60 years.

ADVERSE REACTIONS
In placebo-controlled clinical trials which included 2461 patients receiving fexofenadine hydrochloride at doses of 20 mg to 240 mg twice daily, adverse events were similar in fexofenadine hydrochloride and placebo-treated patients. The incidence of adverse events including drowsiness was not dose related and was similar across subgroups defined by age, gender, and race. The percent of patients who withdrew prematurely because of adverse events was 2.2% with fexofenadine hydrochloride vs 3.3% with placebo. All adverse events that were reported by greater than 1% of patients who received the recommended daily dose of fexofenadine hydrochloride (60 mg twice-daily), and that were more common with fexofenadine than placebo, are listed in the following table:

Adverse Experiences Reported in Placebo-Controlled
Seasonal Allergic Rhinitis
Clinical Trials at Rates of Greater Than 1%

Adverse Experience	Fexofenadine 60 mg Twice Daily	Placebo Twice Daily
Viral Infection (cold, flu)	2.5%	1.5%
Nausea	[illegible]	[illegible]
Dysmenorrhea	[illegible]	[illegible]
Drowsiness	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]

Adverse events occurring in greater than 1% of fexofenadine hydrochloride-treated patients (60 mg twice daily), but that were more common in the placebo-treated group, include headache and throat irritation.
The frequency and magnitude of laboratory abnormalities were similar in fexofenadine hydrochloride and placebo-treated patients.

Prescribing Information as of July 1996

Hoechst Marion Roussel, Inc.
Kansas City, MO 64137 USA

[illegible]

Hoechst Marion Roussel

Hoechst

30 DAYS TO STOP FIGHTS

Continued from page 44

● *Stay neutral.* Forget about finding who's at fault. Treat each child the same, and don't feel you have to dole out punishments. Think learning opportunity, not crime scene.

● *Encourage your kids to come up with solutions.* Their ideas may be wildly impractical, but kids are more likely to cooperate when they solve their own problems.

● *Keep your cool.* That inner child of yours may be urging you to jump into the fray. You must resist and maintain at least a facade of calm.

4. Tune in to your kids' lives. Not unlike adults, kids often pick fights when something is bothering them, notes psychotherapist James Windell, author of *Eight Weeks to a Well-Behaved Child: A Failsafe Program for Toddlers Through Teens* (Macmillan, 1994). There may be trouble with a friend, a



problem at school, worry about an upcoming event. Or, he says, it might be that your child just needs more of you.

[illegible]

The connections between siblings are by nature highly charged. "It can be an intense love/hate relationship," says Nagel, "and it's hard for them to know what to do with all that raw emotion." You're going to help them figure out ways to blow off steam without hurting anyone. Nancy Samalin, the author of *Loving Each One Best: A Caring and Practical Approach to Raising Siblings* (Bantam, 1996), sums it up nicely: "Be permissive with feelings and strict with behavior."

1. Let your kids know you empathize. The best way to defuse rage is to acknowledge it, explains Elaine Mazlish, co-author (with Adele Faber) of *Siblings Without Rivalry: How to Help Your Children Live Together So You Can Live Too* (Avon, 1998). "Say to him, 'Boy, that really makes you mad when he goes through your stuff, doesn't it?'" she suggests. "Then, after you've reflected his feelings, help him put it into words—something like, 'What you're telling me, Jeffrey, is that you want him to ask your permission before he goes into your desk drawer.' That gives him a way to deal with it and puts him in control."

2. Make a list of ways to handle negative feelings. Make the boundaries clear: Hitting, name-calling and

The best way to defuse rage is to acknowledge it. But make the boundaries clear: Hitting, name-calling and other hurtful behavior are not acceptable

other hurtful behavior are not acceptable. Then talk about what your child can do with bad feelings. Here are some possibilities:

Walk away and cool off.

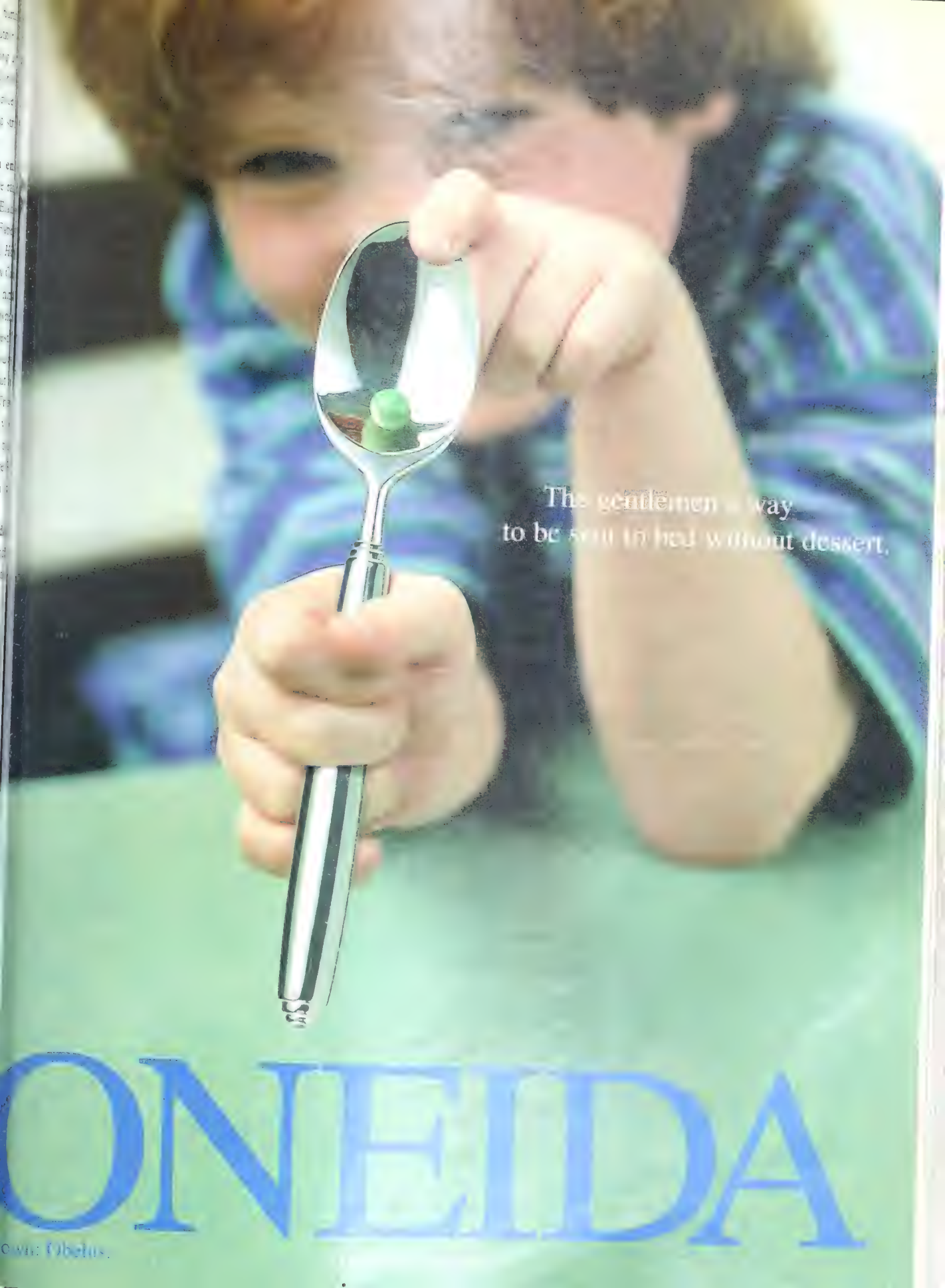
Do something physical; run around the yard or punch a pillow.

Draw a picture or write about your feelings.

Talk to the person who made you mad (after you've cooled off).

Talk to Mom or Dad about it.

Many parents hesitate to allow kids to verbalize their darker *(continued)*


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fantasies, Samalin says, but encouraging your child to talk about how he wishes his brother would get thrown into the garbage truck allows him to work through his negative feelings, which are, after all, temporary. Later, you can get him talking about how there are a few things he does like about his annoying little brother.

3. Don't force the togetherness thing. Kids need space. Try taking just one child on an outing, or splitting the family into two groups at the mall. And grant your children the right to be by themselves sometimes.

4. Set a good example. Kids observe their parents very closely. If you're friendly and cooperative in the face of adversity, they'll probably develop a similar way of approaching conflicts.

WEEK TWO:

Now that your kids are pounding pillows instead of each other, you're going to shift the spotlight to all the good stuff happening in your house.

1. Pay attention to how many critical or negative remarks you make to your children. You probably do it more than you think. "Critical remarks may reinforce the very behavior parents are trying to change," Windell says. "When parents focus on mistakes, kids feel discouraged. They know very well when they mess up or make mistakes. They don't need their parents rubbing it in."

2. Every day find at least five things to praise. "The more children hear about their good qualities and strengths," Windell says, "the more they will come to believe in themselves and behave in desirable ways."

3. Avoid comparisons. Kids need to be loved and appreciated as individuals. Even a comparison that seems positive—"I wish your sister were as responsible as you are," for example—pits them against each other.

4. Steer clear of the hot buttons. Meg Schneider, author of *25 of the Best Parenting Techniques Ever* (St. Martin's Press, 1997), points out that many kiddie conflicts are variations on t same themes. The key, she says, is establish ground rules that addre these problem areas.

- *Property laws:* No one should be e pected to share everything. Allow ea child to have some special things th no one else may use without perm sion, perhaps designating a spec "hands off" shelf or cabinet for the private toys and treasures.
- *Cutthroat competition:* Encoura games and activities where your ki are not always divided into winners a losers. Do you inadvertently set win/lose situations? Rather than ha them race to see who can get dress first, for example, challenge them beat the clock. Then say, "Wow, you quite a team!"
- *Claims of favoritism:* "There's no co text for kids; there's only 'what you and what I get' in a total vacuum Schneider says. If you can remind yo child why James got the special tr today or why Emily got the new c and he didn't—explaining your de sion, not defending—he'll eventua learn flexibility.
- *Play-date protocol:* "I think it's v wrong for parents to always say, 'C come on, include your little sister Schneider says. A child deserves so undisturbed one-on-one time with friend. "If a friend is over for an exte ed period, however, I'll expect a co promise," she adds. "I'll say, 'Ple include your brother for an hour, a then I'll have him watch a video.'"

WEEK FOUR:

Things are looking up, aren't th They'll be even better after this we which is devoted to refining and inforcing kids' problem-solving skills.

1. Teach your kids the four steps to problem-solving. Sometimes pare forget that children aren't born kn ing how to resolve conflicts. Sit do with them and make up scenarios to lustrate the steps:

- *State the problem.* "We want to wa different cartoons, and we only h one TV."
- *Generate potential solutions.* "We could arm *(continued on page 2*

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7 Steps To A More Spiritual Marriage



Are you and your husband vaguely discontented? More like roommates than lovers? Veteran counseling team Drs. Paul and Evelyn Moschetta tell you how to reconnect.

By Elizabeth Mehren

After twelve years together, Jim and Wendy saw themselves as companionable strangers. Most of their time was spent focusing on their two school-aged children or on Jim's demanding schedule as a building contractor. Wendy was active on the school committee, and Jim was a volunteer soccer coach. Much of their remaining energy was consumed by parents who were growing older and more dependent on them. By anyone's standards, this couple's lives were full, but their marriage felt empty. Both Jim and Wendy reported that they had difficulty harking back to the tender partnership they envisioned when both said "I do." Even sex, Wendy confessed, felt routine.

Glancing at this marital snapshot, it took psychologists Paul and Evelyn Moschetta about two seconds to see what was missing. Jim and Wendy had mastered the companionship part of marriage, but the spiritual component of their relationship had evaporated—if it had ever existed. To the Moschettas, a husband-and-wife counseling team whose profession is helping couples improve their marriages, nothing could be more crucial. First and foremost, according to the Moschettas, marriage is a sacred experience—and by sacred, they don't mean something that takes place in a house of worship, but the divine nature that is the core of all of us.

A vibrant marriage has to be more than just problem-free, say the Moschettas. When a marriage is strong and healthy, it is a powerful vehicle for personal growth. More significantly, it becomes a place where unselfish love is not only enjoyed but generated.

This premise is at the heart of the Moschettas' new book, *The Marriage Spirit: Finding the Passion and Joy of Soul-Centered Love* (Simon & Schuster). In it, the two longtime contributors to the *Journal*'s popular "Can This Marriage Be Saved?" column offer their manual for marriage in the new millennium. Based on more than two decades of counseling thousands of couples—as well as their own loving marital odyssey—the Moschettas present a seven-step formula to guide couples toward a spiritually intimate partnership. Their regimen blends Eastern mysticism with the kind of old-fashioned common sense your grandmother might have offered.

It is marriages like Jim and Wendy's—garden-variety unhappy—that the Moschettas face week after week in their dove-colored office. Most couples are not horribly abusive or destructive, the Moschettas report. Those who come in complain they are restless or bored or beginning to ask, "Is this all there is?" They are off course, momentarily or maybe even for the long term. What they need, the Moschettas say, is to learn to value each other, to be kind to each other—and most important, to treasure their partnership, its spirit and its soul.

Too many couples are leading lives like Jim and Wendy's, according to the Moschettas. By allowing spiritual awareness—rather than the demands of individual egos—to lead them, couples can change a survival-mentality marriage to one that fosters reverence and respect.

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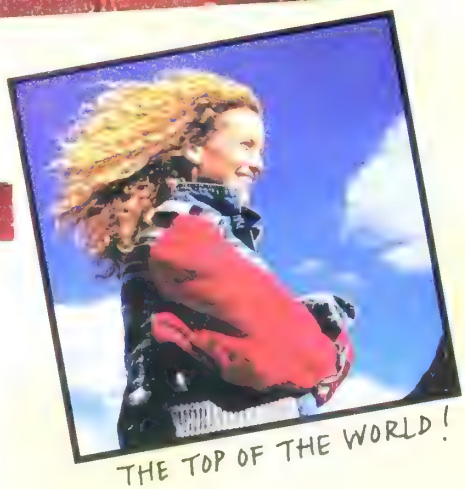
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Smells more like real lemons. Whitens like Clorox® Bleach.

Clorox Company.

oth Paul and Evelyn came from rst marriages they describe as iritually vacant, and when they ok their vows—on Valentine's ay—they were determined that is relationship would be a place here they could be, in Evelyn's ords, "fully known, deeply loved id profoundly valued." Even for ained marriage counselors, attain- g this goal requires constant at- ntion. Still, with effort, any ouple can overcome what the loschettas call the three major ob- acles to soul-centered love: bick- ring, blaming and boredom.

"In our society, relationships are ot revered," says Paul. "People take etter care of their cars than they do f their marriages." He detests the ynical marriage jokes that pervade ovies and TV, and believes that appier marriages will make for a etter world.

"It's a matter of evolution," Paul ys. "A strong marriage makes for a rong family, a strong family makes for a better community, and it goes on from there."

Speaking of their reliance on both Eastern mysticism and Western psychology in their book, Paul says, "I hope it doesn't sound too New-Agey. We're trying to make some very sophisticated ideas available to a lay audience. When we talk about embracing a higher truth and finding soul-centered love, it's because we feel strongly that what is needed is an inspiring new vision for marriage."

In fact, the Moschettas have been promoting the idea of a spirit-centered marriage since well before the New Age movement began. "For a long time, Evelyn and I were loath to introduce the concept of the spiritual side of marriage," says Paul, "though we always knew it existed."

"The spiritual stuff may scare some people," Evelyn acknowledges. "But they relax when we explain that a couple's introducing a nightly walk together on the beach *(continued)*

Bringing Back Passion

Soul-centered love is also passionate love. Paradoxically, only if we understand that passion is ultimately a spiritual connection can we keep physical passion kindled.

- **The way to be receptive and attentive as a lover is to focus fully and completely on the now. Do not think of any other moment.**
- **Lovemaking does not begin and end in the bedroom. Think about the larger connection that lovemaking has. Do not think of it as "doing to" or "getting from."**
- **Forget what the media tells you about great sex. All that stuff is exaggerated, and you will only feel inadequate. Your lovemaking is unique to you as a couple, and that's what makes it special.**
- **Keep your ego out of the bedroom. Do not criticize your partner's sexual behavior or your own. Let go of these thoughts. If you are consistently dissatisfied, seek professional help.**

is definitely about nurturing the spiritual side of their marriage.

"This has nothing to do with religion," she goes on, "but with what religion points to"—in other words, an immeasurable, intangible inner core that makes a marriage stronger than either of its two human components. How does this work in practice? Listen to how the Moschettas navigate their own disputes.

Do they get angry? "Sure!" they chorus. "Anger will always be a part of any relationship," Paul points out. "The difference is, we close the anger quickly." Arguments fall into a pattern in most marriages, and the Moschettas are no exception. Evelyn gets anxious. She wants problems solved right away. Paul takes a slower approach. And even though they may raise their voices, "we never, never, never call each other names or trade sarcastic remarks," says Evelyn. "There is never a personal attack. When we realize there's no immediate solution, we set the problem aside temporarily." The Moschettas call this "haven time." All marriages benefit from this kind of problem-free zone, where instead of dwelling on difficulties, a couple can be "relaxed, playful and at ease, expressing interest in the details of each other's daily activities, thoughts and feelings." In essence, they agree to be on their best behavior. With practice, this kind of courtly interaction becomes the norm.

"We have to negotiate," says Paul. "If we were to lash out at each other, we'd never get anywhere." Basically, what the Moschettas are suggesting here is simply to think twice before thundering back with an argument that is sure to take on its own dangerous momentum.

"I'm not censoring my freedom of expression," says Evelyn, "merely my ego. It's not something profound. In fact, I'm *giving* myself freedom by reining in that selfish part of me."

The Moschettas gave much the same advice recently to a couple who came to them for counseling. Both were lawyers, and they were locked in an ego-to-ego battle for control of the marriage. In every aspect of his life, Ed was a super-disciplined perfectionist. Candace was a tiger at work, but by Ed's standards, she had let herself go at home. The worst sin, in his mind, was that she had gained weight. To retaliate, he had a brief fling with a woman from his gym.

The Moschettas recognized immediately that Ed, with the fitness standards of a Marine, was trying to make Candace over in his own image. They urged him to practice what they call witnessing: seeing her without judgment (without what they call coercive expectation). To combat Candace's feeling of betrayal, as well as her own stubborn resistance, the Moschettas encouraged her to yield to the rich sense of trust she felt when she first married Ed. To both of them, the Moschettas admonished: Ego is fine in the business world, but park it at the door when you go home.

"But you're asking me to be totally vulnerable," Candace protested.

The Moschettas smile. Exactly! They reassured her that love based on soul and spirit "has an intelligence of its own." Tears and recriminations eventually gave way to promises and negotiations. The jury is still out for Candace and Ed, but the Moschettas feel hopeful not only that the marriage will survive, but that it will have a new foundation based on spiritual intimacy. ●

Elizabeth Mehren, a correspondent for the Los Angeles Times, is the author of "After the Darkest Hour the Sun Will Shine Again" (Fireside, 1997).

Turn to page 212 for a special offer on the Moschettas' book.

The Seven Steps

Practiced regularly, these steps will soon become routine. Then you will find "The Marriage Spirit."

1. Renew reverence. You need to recapture that falling-in-love experience. Set up a regular period of "haven time" in which neither party is allowed to carp or criticize. Instead, talk about what you value in each other. Keep a "gratitude log," listing the qualities you are grateful for in your partner.

2. Find your spiritual selves. In a notebook, keep track of when your ego—your selfish self—shows up. Take note of all negative, pessimistic, blaming or judgmental thoughts. At the end of the week, take turns sharing what you have both written. Merely witness. Do not judge.

3. Shed your old images. First, record your images of yourself—for example, perhaps you see yourself as "not good enough," or think you're "brilliant." (It doesn't matter whether the image is positive or negative: Both keep you caught in a cycle of hope and disappointment.) Now write your images of your partner and those you believe he has of you. Then, find a place where the two of you can be alone. Hold hands and gaze at each other. Consciously try to see each other with none of these images.

4. Drain off accumulated anger. Unresolved anger builds walls of hostility, brick by brick. Knock them down with the "as if" technique: Act the way you would toward someone you respect deeply. No shouting, name-calling or cursing. No bringing up the past. Spend two hours each weekend doing something you both enjoy. Create quiet time and simply remember that your marriage is a sacred place.

5. Reestablish trust. Find at least one uninterrupted hour. Write down these six areas of trust: sexual faithfulness; freedom from fear of harm or control from your partner; the knowledge that your marriage is a priority; love without ulterior motives; freedom from fear of abandonment; trust in your own trustworthiness. Write down how you and your partner measure up in each. Share your observations, and vow to strengthen your trust in all areas.

6. Embrace the truth. By ending defensiveness, truth creates freedom. Be reliable in what you say. Never deceive your partner. Abstain from slanderous speech. Be gentle. Be courteous. Aim for integrity in thought, speech and action.

7. Strive for soul-centered love. We all want to know we are fully loved and accepted. We all know that children need—and deserve—such love, but as adults we pretend to be satisfied with less. Banish all negative thoughts. Empty your mind of images of yourself and your partner. Say "I love you," and mean it. Frequently.

LOVE
IS
BLIND
NOT
SENSELESS.

SCOPE

FEEL
THE
TINGLE

Nothing kill[illegible] bad breath germs.

My Face-Lift

Actress Linda Dano shares her day-by-day reactions and the anxieties that go with the decision to surgically defy your age.
As told to Leslie Lampert



In a pre-op consultation, Dr. Leaf explains how he will make an incision in front of Dano's ear, curving around the lobe. The skin will then get pulled up, the fat underneath removed, and the top level of skin sutured back into place

Linda Dano, who has played Felicia Gallant on Another World *for the last fifteen years, will turn fifty-five in May. She had been contemplating a face-lift for at least three years. It was when lighting her on the set became trickier and more frustrating that she finally decided to act. She consulted with Beverly Hills plastic surgeon Norman Leaf, M.D., who had performed face-lifts on several of her actor friends. Leaf's recommendation: a lower face- and neck-lift (no brow-lift), an eye-lift, and an undereye peel. Dano booked the surgery for last October 20. She made the trip west from her home in New York City, spending her nine-day recovery first in a special-care facility, then at the Regent Beverly Wilshire hotel. The total cost, including airfare, hotels, Dr. Leaf's fee, anesthesiologist's fee and surgical clinic, was in excess of $20,000—not a dime of it covered by insurance. Was such an extravagant gift to herself worth it? Listen in, as she considers and reconsiders her decision, day by day.*

BEFORE THE SURGERY

October 1, 1997

I don't want my audience to be distracted by my jowls—I want them to pay attention to my work. When Lynn Sherr interviewed me for *20/20*, I told her I wouldn't do this if I weren't on television. But that's a damn lie. I hate my jowls.



A month after surgery, Dano's face is still slightly bruised and puffy, but otherwise the healing is nearly complete

October 4

I believe we, as women, must get to a place where seeing other beautiful women doesn't make us feel bad about ourselves. But I was once a model, sought after by men. Now I have this double chin, and I don't feel like me. Still, some part of me thinks I've sold out.

October 10

When I met Dr. Leaf last winter, I knew he was the right surgeon for me. Even so, when I booked the procedure, I told him to be prepared for me to cancel forty-two times. I also told him not to take me off the books when I call to cancel.

October 13

I got up this morning, and started having all these "what-if?" thoughts. My husband, Frank, keeps telling me I'm being melodramatic, that I'm not having any vital organs cut. So then last night I picked a *(continued)*

vital sign.



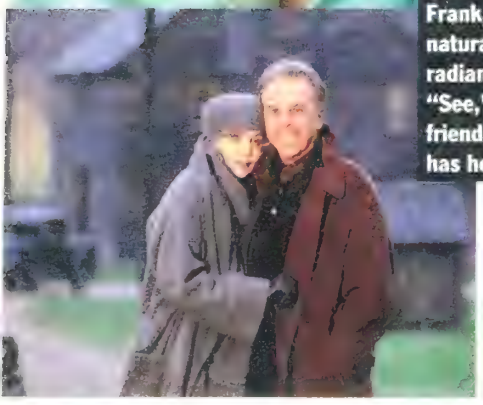
Here's how to deal with irregularity tastefully.

Add a spoonful of Metamucil® to your favorite juice. It contains 100% natural fiber. It's doctor recommended. And mixes so smooth only your body will know it's there. Try it. It's a delicious way to restore regularity and to feel good about your natural vitality naturally.



Psyllium: a natural choice for regularity.





Dano with husband Frank, who loves her natural, postsurgical radiance (above). "See," he tells friends, "she still has her laugh lines"

I looked at myself and got really scared. Are people going to say, "Oh, my God, what a vain old crone"?

fight with him about—of all ridiculous things—taking out the bottles for recycling. It had nothing to do with anything other than I'm scared.

October 14

Per Dr. Leaf's instructions, I'm taking an over-the-counter supplement called arnica montana to combat bruising. I've also upped my usual intake of 1,000 milligrams a day of vitamin C to 5,000 milligrams a day. I worried about this, but friends swear that it promotes healing.

October 15

Read an article about Princess Diana while I was waiting for my pre-op exam today. It got me thinking about how important it is to talk openly about what you're going through. That's one reason I've been so candid about this face-lift. I always think that women should share stuff so that we can support one another.

October 16

After sixteen years of marriage, I don't feel any pressure to look younger for Frank (who's my age), but he understands why I want this. He's staying home, though. Vivien, my press agent and "everything else," is coming. We're going to have a girl thing.

October 17

Another World has written my face-lift into the story line—though art is not exactly imitating life. My character, Felicia, gets caught—by accident—between two men in a brawl and is thrown through a skylight, face first. She drops twenty feet and crashes into a table. The writers wanted her to be so severely damaged that she would need plastic surgery to be recognizable again. That will explain the new me.

October 18

Spoke to my anesthetist, who gave me a blow-by-blow of the procedure from the moment I get to the doctor's office (which is located at the hospital where the surgery is being done) to the time I leave. He asked me to call him Ken. Somehow, I think I'll be all right as long as I make friends with my caregivers.

October 19

I'm here in L.A. Checked into Le Palais Chantique—a special-care facility within the Century Plaza Hotel for patients recovering from all types of surgery. I will stay here for three days until I get my initial stitches out, then move over to the Regent Beverly Wilshire. I'm taking a sleeping pill tonight; cleared it with Suzanne, Dr. Leaf's assistant. I'm a wreck.

THE SURGERY

October 20

Feel like I've been hit with a baseball bat this morning. I'm zonked from jet lag and the sleeping pill. So, I don't really care that I'm having this damn surgery. In fact, I don't care about much right now. It's quarter to nine. We have to be at Dr. Leaf's at nine-thirty. Oh, Lord—when I say that, I get totally terrified.

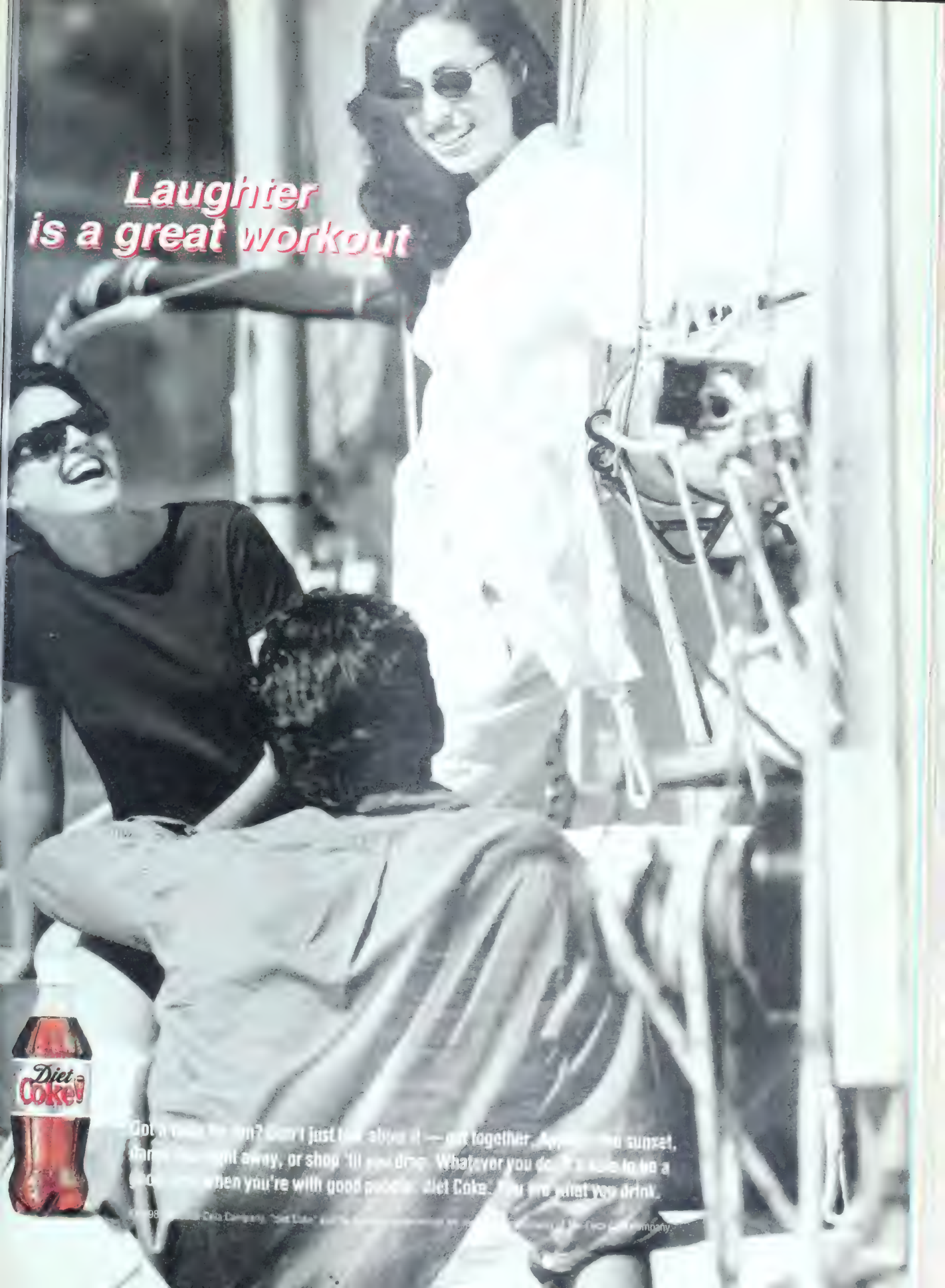
October 21

Had my surgery at 11:30 A.M. I'm a little foggy-headed. I'm weak and my left eye hurts. Apparently, my cornea got scratched, so I have a patch on one eye. I'm wearing this heavy helmet bandage, and my face feels pulled tight, like I'm Leona Helmsley. What a terrible night! I had nightmares and felt like I couldn't breathe. It scared me because my brother died of cancer of the esophagus and the memories of his not being able to catch his breath haunt me. Spoke to Frank, who'd been calling all night. I think he was more worried than he let on.

October 22

It's a good thing the care here at the Chantique is so incredible, because this operation is the real McCoy. It totally wiped me out. I had my appendix out when I was nineteen, but beyond that, I've never had surgery, so I had no idea what I was in for.

Here's what happened after I got to Dr. Leaf's on Monday: I went with a nurse named Sandy into a back room that looked like an operating room. *(continued on page 63)*


Laughter
is a great workout
Diet
Coke



Depression hurts.

Depression isn't just feeling down. It's a real illness with real causes. Depression can be triggered by stressful life events, like divorce or a death in the family. Or it can appear suddenly, for no apparent reason.

Some people think you can just will yourself out of a depression. That's not true. When you're clinically depressed, one thing that can happen is the level of serotonin (a chemical in your body) may drop. So you may have trouble sleeping. Feel unusually sad or irritable. Find it hard to concentrate. Lose your appetite. Lack energy. Or have trouble feeling pleasure. These are some of the symptoms that can point to depression – especially if they last for more than a couple of weeks and if normal, everyday life feels like too much to handle.

To help bring serotonin levels closer to normal, the medicine doctors now prescribe most often is Prozac.® Prozac isn't a "happy pill." It's not a tranquilizer. It won't take away your personality. Depression can do that, but Prozac can't.

Prozac has been carefully studied for nearly 10 years. Like other antidepressants, it isn't habit-forming. But some people do experience mild side effects, like upset stomach, headaches, difficulty sleeping, drowsiness, anxiety and



Prozac can help.

prozac

Prozac®
fluoxetine hydrochloride

Brief Summary Consult the package insert for complete prescribing information.

Indications For the treatment of [illegible] (OCD) and bulimia nervosa

Contraindications: Known hypersensitivity to Prozac

[illegible] fatal, reactions in patients receiving fluoxetine in combination with an MAOI and in patients who have recently discontinued fluoxetine and are then started on an MAOI. Some cases presented with features resembling neuroleptic malignant [illegible]

Wait at least 14 days between discontinuing an MAOI and starting therapy with Prozac. Because of the long half-lives of fluoxetine and its active metabolite, wait at least 5 weeks (or longer, if fluoxetine has been prescribed chronically and/or at higher doses) between discontinuing Prozac and starting therapy with an MAOI. Prozac should not be used concomitantly with MAOIs.

Warnings [illegible] of 10,782 patients developed various types of rashes and/or urticaria. Among the cases reported in premarketing clinical trials, almost a third of these discontinued therapy because of rash and/or associated systemic signs or symptoms. Reported in association with rash were fever, leukocytosis, arthralgias, edema, carpal tunnel syndrome, respiratory distress, lymphadenopathy, proteinuria, and mild transaminase elevation. Most patients improved promptly upon discontinuation of fluoxetine and/or adjunctive treatment with antihistamines or steroids, and all were reported to recover completely.

Of 2 patients who developed a serious cutaneous systemic illness during premarketing clinical trials, 1 was considered to have a leukocytoclastic vasculitis, and the other, a severe desquamating syndrome considered variously to be a vasculitis or erythema multiforme. Other patients have had systemic syndromes suggestive of serum sickness.

Since the introduction of Prozac, systemic events possibly related to vasculitis have developed in patients with rash. Although these events are rare, they may be serious, involving the lung, kidney, or liver. Death has been reported to occur in association with these systemic events.

Anaphylactoid events, including bronchospasm, angioedema, and urticaria alone and in combination, have been reported.

Pulmonary events, including inflammatory processes of varying histopathology and/or fibrosis, have been reported rarely. These events have occurred with dyspnea as the only preceding symptom.

Whether these systemic events and rash have a common underlying cause or are due to different etiologies or pathogenic processes is not known. Upon the appearance of rash or of other possibly allergic phenomena for which an alternative etiology cannot be identified, Prozac should be discontinued.

Precautions: —*General*—The following events occurred in controlled clinical trials. See Tables 1 and 2 also.

- *Anxiety and Insomnia*
- *Altered Appetite and Weight*—Significant weight loss may be an undesirable result of treatment. Weight change should be monitored during treatment of bulimia.
- *Activation of Mania/Hypomania*—In all US Prozac clinical trials, reported by 0.7% of 10,782 patients.
- *Seizures*—Introduce Prozac with care in patients with a history of seizures. In all US Prozac clinical trials, 0.2% of 10,782 patients reported convulsions.
- *Suicide*—Close supervision of high-risk patients should accompany initial drug therapy.
- *Long Elimination Half-Lives of Fluoxetine and Its Metabolites*—Because of the long elimination half-lives of the parent drug (1 to 3 days after acute administration and 4 to 6 days after chronic administration) and its major active metabolite (4 to 16 days after acute and chronic administration), changes in dose will not be fully reflected in plasma for several weeks, affecting both strategies for titration to final dose and withdrawal from treatment.
- *Use in Patients With Concomitant Illness*—Caution is advisable in patients with diseases or conditions that could affect metabolism or hemodynamic responses.
- *Interference With Cognitive and Motor Performance*—Patients should be cautioned about operating hazardous machinery, including automobiles, until they are reasonably certain that the drug does not affect them adversely.
- *Information for Patients*—Physicians should advise their patients to notify them if they
  - are taking or plan to take any prescription or over-the-counter drugs or alcohol
  - become pregnant or intend to become pregnant during therapy
  - are breast feeding an infant
  - develop a rash or hives
- *Drug Interactions*
  - Drugs Metabolized by P450IID6—Therapy with medications that are predominantly metabolized by the P450IID6 system, especially those that have a relatively narrow therapeutic index (eg, flecainide, vinblastine, and tricyclic antidepressants) should be initiated at the low end of the dosage range if a patient is receiving fluoxetine concurrently or has taken it in the previous 5 weeks. Alternately, the addition of fluoxetine to the treatment regimen of a patient already receiving a drug metabolized by P450IID6 may require a decreased dose of the original medication.
  - Drugs Metabolized by Cytochrome P450IIIA4—Data indicate that fluoxetine's extent of inhibition of cytochrome P450IIIA4 activity is not likely to be of clinical significance.
  - CNS Active Drugs—Caution is advised. Consideration should be given to using lower initial doses of the concomitantly administered drugs, using conservative titration schedules, and monitoring of clinical status.
    - Anticonvulsants—Patients on stable doses of phenytoin and carbamazepine have developed elevated plasma anticonvulsant concentrations and clinical anticonvulsant toxicity.
    - Antipsychotics—Some clinical data suggest a possible pharmacodynamic and/or pharmacokinetic interaction between SSRIs and antipsychotics.
    - Benzodiazepines—The half-life of concurrently administered diazepam may be prolonged in some patients. Coadministration of alprazolam and fluoxetine has resulted in increased alprazolam plasma concentrations and in further psychomotor performance decrement due to increased alprazolam levels.
    - Lithium—There have been reports of both increased and decreased lithium levels and lithium toxicity.
    - Tryptophan—Five patients receiving tryptophan experienced adverse reactions including agitation, restlessness, and gastrointestinal distress.
    - Monoamine Oxidase Inhibitors—See Contraindications.
    - Other Antidepressants—Previously stable plasma levels of imipramine and desipramine have increased greater than 2- to 10-fold when concomitantly administered with fluoxetine.
  - Drugs Tightly Bound to Plasma Proteins—A shift in plasma concentrations or displacement of fluoxetine may result in adverse effects.
  - Warfarin—Reports of altered anti-coagulant effects, including increased bleeding. Careful coagulation monitoring is recommended when fluoxetine is initiated or stopped.
  - Electroconvulsive Therapy—Rare reports of prolonged seizures in patients on fluoxetine receiving ECT.
- *Carcinogenesis, Mutagenesis, Impairment of Fertility*—There is no evidence of carcinogenicity, mutagenicity, or impairment of fertility with Prozac.
- *Pregnancy—Pregnancy Category C*—In embryo-fetal development studies in rats and rabbits, there was no evidence of teratogenicity at doses of up to 1.5 and 3.6 times, respectively, the MRHD (maximum recommended human dose) of 80 mg on a mg/m² basis throughout organogenesis. In the surviving offspring of rats treated at 1.5 times the MRHD, there was no evidence of developmental neurotoxicity. However, in rat reproduction studies, an increase in stillborn pups, a decrease in pup weight, and an increase in pup deaths during the first 7 days postpartum occurred following maternal exposure to 1.5 or 0.9 times the MRHD on a mg/m² basis during gestation or gestation and lactation, respectively. Prozac should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.
- *Labor and Delivery*—The effect of Prozac is unknown. Prozac should be used only if the potential benefit justifies the potential risk to the fetus.
- *Nursing Mothers*—Prozac is excreted in human milk. Nursing while on Prozac is not recommended.
- *Pediatric Use*—Safety and effectiveness in pediatric patients have not been established.
- *Usage in the Elderly*—Evaluation of patients over age 60 who received Prozac, 20 mg daily, revealed no unusual pattern of adverse events relative to the clinical experience in younger patients. However, these data are insufficient to rule out possible age-related differences during chronic use, particularly in elderly patients with concomitant systemic illnesses or those receiving concomitant drugs.
- *Hyponatremia*—Hyponatremia (some cases with serum Na lower than 110 mmol/L) has been reported which appeared to be reversible on drug discontinuation. Some cases were possibly due to SIADH, and the majority have been in older patients and those taking diuretics or who were otherwise volume depleted.
- *Platelet Function*—Rare reports of altered platelet function and/or abnormal results from laboratory studies in patients taking fluoxetine. While there have been reports of abnormal bleeding in several patients taking fluoxetine, it is unclear whether fluoxetine had a causative role.

Adverse Reactions: It is important to emphasize that events reported during therapy were not necessarily caused by it.

Incidence in US Placebo-Controlled Clinical Trials (excluding data from extensions of trials)—Table 1 enumerates pooled data on treatment-emergent adverse events that occurred in 2% or more patients treated with Prozac and with incidence greater than placebo in the treatment of depression, OCD, or bulimia. See full prescribing information for table of treatment-emergent adverse events for each indication.

Table 1.

TREATMENT-EMERGENT ADVERSE EVENTS
INCIDENCE IN US DEPRESSION, OCD, AND BULIMIA
PLACEBO-CONTROLLED CLINICAL TRIALS

	Percentage of Patients Reporting Event	
	Depression, OCD, and bulimia combined	
Body System/ Adverse Event*	Prozac (N=2444)	Placebo (N=1331)
Body as a Whole		
Headache	21	20
Asthenia	12	6
Flu Syndrome	5	4
Fever	2	1
Cardiovascular System		
Vasodilatation	3	1
Palpitation	2	1
Digestive System		
Nausea	23	10
Diarrhea	12	8
Anorexia	11	3
Dry mouth	10	7
Dyspepsia	8	5
Flatulence	3	2
Vomiting	3	2
Metabolic and Nutritional disorders		
Weight loss	2	1
Nervous System		
Insomnia	20	11
Anxiety	13	8
Nervousness	13	9
Somnolence	13	6
Dizziness	10	7
Tremor	1	3
Libido decreased	4	—
Respiratory System		
Pharyngitis	5	4
Yawn	3	—
Skin and Appendages		
Sweating	8	3
Rash	4	3
Pruritus	3	2
Special Senses		
Abnormal vision	3	1

*Included are events reported by at least 2% of patients taking Prozac, except the following events, which had an incidence on placebo ≥ Prozac (depression, OCD, and bulimia combined): abdominal pain, abnormal dreams, accidental injury, back pain, chest pain, constipation, cough increased, depression (includes suicidal thoughts), dysmenorrhea, gastrointestinal disorder, infection, myalgia, pain, paresthesia, rhinitis, sinusitis, thinking abnormal.
—Incidence less than 1%.



Associated With Discontinuation in US Placebo-Controlled Clinical Trials (excluding data from extensions of trials)—Table 2 lists the adverse events associated with discontinuation of Prozac treatment (incidence at least twice that for placebo and at least 1% for Prozac in clinical trials) in depression, OCD, and bulimia.

Other Events Observed In All US Clinical Trials—Frequent adverse events are defined as those occurring on 1 or more occasions in at least 1/100 patients; infrequent adverse events are those occurring in 1/100 to 1/1,000 patients; rare events are those occurring in less than 1/1,000 patients.

Table 2

MOST COMMON ADVERSE EVENTS ASSOCIATED WITH DISCONTINUATION IN US DEPRESSION, OCD, AND BULIMIA PLACEBO-CONTROLLED CLINICAL TRIALS

Depression, OCD, and bulimia combined	Depression	OCD	Bulimia
—	—	Anxiety (2%)	—
Insomnia (1%)	Insomnia (1%)	—	Insomnia (2%
—	Nausea (1%)	—	—
Nervousness (1%)	Nervousness (1%)	—	—
—	—	Rash (3%)	—

Body as a Whole—*Frequent:* chills. *Infrequent* chills and fever, face edem intentional overdose, malaise, pelvic pain, suicide attempt. *Rare* abdomi syndrome acute, hypothermia, intentional injury, neuroleptic malignant syndro photosensitivity reaction.

Cardiovascular System—*Frequent:* hemorrhage, hypertension. *Infrequ* angina pectoris, arrhythmia, congestive heart failure, hypotension, migra myocardial infarct, postural hypotension, syncope, tachycardia, vascular headac *Rare:* atrial fibrillation, bradycardia, cerebral embolism, cerebral ischem cerebrovascular accident, extrasystoles, heart arrest, heart block, pallor, penph vascular disorder, phlebitis, shock, thrombophlebitis, thrombosis, vasospas ventricular arrhythmia, ventricular extrasystoles, ventricular fibrillation.

Digestive System—*Frequent:* increased appetite, nausea and vomiti *Infrequent* aphthous stomatitis, cholelithiasis, colitis, dysphagia, eructat esophagitis, gastritis, gastroenteritis, glossitis, gum hemorrhage, hyperchlorhyd increased salivation, liver function tests abnormal, melena, mouth ulcerati nausea/vomiting/diarrhea, stomach ulcer, stomatitis, thirst. *Rare:* biliary p bloody diarrhea, cholecystitis, duodenal ulcer, enteritis, esophageal ulcer, fe incontinence, gastrointestinal hemorrhage, hematemesis, hemorrhage of co hepatitis, intestinal obstruction, liver fatty deposit, pancreatitis, peptic ulcer, re hemorrhage, salivary gland enlargement, stomach ulcer hemorrhage, ton edema.

Endocrine System—*Infrequent* hypothyroidism. *Rare* diabetic acido diabetes mellitus.

Hemic and Lymphatic System—*Infrequent:* anemia and ecchymosis. *R* blood dyscrasia, hypochromic anemia, leukopenia, lymphedema, lymphocyto petechia, purpura, thrombocythemia, thrombocytopenia.

Metabolic and Nutritional—*Frequent* weight gain; *Infrequent:* dyhydrati generalized edema, gout, hypercholesteremia, hyperlipemia, hypokalem peripheral edema. *Rare* alcohol intolerance, alkaline phosphatase increased, B increased, creatine phosphokinase increased, hyperkalemia, hyperuricem hypocalcemia, iron deficiency anemia, SGPT increased.

Musculoskeletal System—*Infrequent:* arthritis, bone pain, bursitis, leg cram tenosynovitis. *Rare* arthrosis, chondrodystrophy, myasthenia, myopathy, myos osteomyelitis, osteoporosis, rheumatoid arthritis.

Nervous System—*Frequent* agitation, amnesia, confusion, emotional labi sleep disorder. *Infrequent* abnormal gait, acute brain syndrome, akathisia, apa ataxia, buccoglossal syndrome, CNS depression, CNS stimulati depersonalization, euphoria, hallucinations, hostility, hyperkinesia, hyperto hypesthesia, incoordination, libido increased, myoclonus, neuralgia, neuropa neurosis, paranoid reaction, personality disorder,* psychosis, vertigo. *R* abnormal electroencephalogram, antisocial reaction, circumoral paresthesia, co delusions, dysarthria, dystonia, extrapyramidal syndrome, foot dr hyperesthesia, neuritis, paralysis, reflexes decreased, reflexes increased, stupo

Respiratory System—*Infrequent* asthma, epistaxis, hiccup, hyperventilat *Rare:* apnea, atelectasis, cough decreased, emphysema, hemopty hypoventilation, hypoxia, larynx edema, lung edema, pneumothorax, stridor.

Skin and Appendages—*Infrequent* acne, alopecia, contact dermatitis, eczem maculopapular rash, skin discoloration, skin ulcer, vesiculobullous rash; *R* furunculosis, herpes zoster, hirsutism, petechial rash, psoriasis, purpuric r pustular rash, seborrhea.

Special Senses—*Frequent* ear pain, taste perversion, tinnitus; *Infrequ* conjunctivitis, dry eyes, mydriasis, photophobia; *Rare* blepharitis, deafn diplopia, exophthalmos, eye hemorrhage, glaucoma, hyperacusis, iritis, paros scleritis, strabismus, taste loss, visual field defect.

Urogenital System—*Frequency:* urinary frequency; *Infrequent* aborti albuminuria, amenorrhea,† anorgasmia, breast enlargement, breast pain, cysi dysuria, female lactation,† fibrocystic breast,† hematuria, leukorrh menorrhagia,† metrorrhagia,† nocturia, polyuria, urinary incontinence, uri retention, urinary urgency, vaginal hemorrhage†. *Rare:* breast engorgen glycosuria, hypomenorrhea,† kidney pain, oliguria, priapism,† ute hemorrhage,† uterine fibroids enlarged.†

*Personality disorder is the COSTART term for designating nonaggres objectionable behavior.

†Adjusted for gender.

Postintroduction Reports—Voluntary reports of adverse events tempo associated with Prozac that have been received since market introduction an may have no causal relationship with the drug include the following: apl anemia, atrial fibrillation, cerebral vascular accident, cholestatic jaun confusion, dyskinesia (including, for example, a case of buccal-lingual-mastic syndrome with involuntary tongue protrusion reported to develop in a 77-yea female after 5 weeks of fluoxetine therapy and which completely resolved ove next few months following drug discontinuation), eosinophilic pneum epidermal necrolysis, erythema nodosum, exfoliative dermatitis, gynecom heart arrest, hepatic failure/necrosis, hyperprolactinemia, immune-re hemolytic anemia, kidney failure, misuse/abuse, movement disorders develop patients with risk factors including drugs associated with such events worsening of preexisting movement disorders, neuroleptic malignant syndr like events, pancreatitis, pancytopenia, priapism, pulmonary embolism prolongation, Stevens-Johnson syndrome, sudden unexpected death, su ideation, thrombocytopenia, thrombocytopenic purpura, vaginal bleeding after withdrawal, and violent behaviors.

Overdosage: Prominent symptoms of overdose included nausea and vomiti well as agitation, restlessness, hypomania, and other signs of CNS excitation.

In managing overdosage, consider the possibility of multiple drug involve A specific caution involves patients taking or recently having taken fluoxetine might have ingested excessive quantities of a TCA. Accumulation of the p tricyclic and an active metabolite may increase the possibility of clinically signi sequelae and extend the time needed for close medical observation (*see* Antidepressants *under* Precautions).

Reports of death attributed to overdosage of fluoxetine alone have extremely rare.

PV2472—DPP [06/97]

Additional information available to the profession on request

PL-11441-0-10028444-1297

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MY FACE-LIFT

Continued from page 58

I told her, "I just got afraid." Sandy said, "I'll be right back." And she came in wearing a Linda Dano tunic and a Linda Dano watch from QVC. Said this was the new outfit for the office. That broke the ice. Then Ken came in and checked everything for the anesthesia. I had to sign release forms. The word *death* leapt off the page, scaring the hell out of me.

Then Ken gave me something in an IV drip in my left hand. The next thing I recall is someone else talking to me as I came out of the anesthesia. I couldn't see who it was, because my eyes felt so big and heavy, and boy, was I feeling druggy. And then someone began changing my clothes, getting me up, and I vaguely remember getting into a wheelchair. That's all I remember.

I got up around five-thirty the next morning. They're giving me bromazine, a pineapple extract, for the swelling. I love the ice packs because they feel good on my eyes, and having nurses around is comforting because I am so anxiety-ridden—still. The anesthesia tube scratched my throat. This is not fun.

But Dr. Leaf came by today to change the bandage. Before he rewrapped me, I asked to see myself. He said, "Are you sure?" I said yes. I was really swollen, but very smooth. I actually looked pretty in a strange way. My eyes look big and very red, and you can see the stitches. And my cheeks are a darkish red from bruising. But my jowls are gone, and so is my double chin.

RECOVERING

October 23

Sat in a chair today. Brushed my teeth, and Madeleine Smith, the private-care nurse who's been wonderful beyond belief, washed my hair. I can feel the metal staples in my head, as if I'm a piece of wallboard. But I put on lipstick, ate some saltines, talked on the phone to friends and family. I'm exhausted from the anesthesia and the steroids they gave me to keep the swelling down.

October 24

Dr. Leaf took out the stitches over my eyes and under my chin. The rest of the stitches and staples will come out soon enough. I was nervous, but it was nothing.

When I saw myself, I got so excited I cried; I look like I did when I met my husband. I feel really pretty, really young-looking again, like in my early thirties. The center of my face looks chiseled—not pulled or drawn.

Now, here's the bad part. About four P.M., after I got to the Regent Beverly Wilshire, I went into the bathroom, looked at myself and got really scared. I wondered, Are people going to say, "Oh, my God, look at her face; what a vain old crone"?

I've been candid about this face-lift because I think women should support one another

October 25

I'm afraid that if I sneeze too hard I'll rip the [illegible] I'm not recommend. Those herbal supplements really seem to work; I have very little overall bruising. Plus, my skin looks fabulous.

October 26

I feel like I've been hit by a Mack truck. The nurse said it may be because I just went off the steroids. Evidently [illegible] mood. But I finally took a shower completely by myself. When I lathered my hair, it felt like washing the head of a dead person—I couldn't feel the lower part of my head or the side of my face at all. It freaked me out.

October 27

We went shopping today and just wandered around in the fresh air. The sun bothers me, so I kept my head down. I kept worrying that people would bump me. One girl came up and said she loved my work. Viv said, "Oh, you recognize her?" And she said, "Of course." We laughed because we think I look so different.

As the day ticked on, however, I noticed that under both of my eyes, a sort of greenish-yellow raised thing was happening. So I called Dr. Leaf; Suzanne said it was perfectly normal and to put some warm compresses under my eyes. I did, and the greenish-yellow thing started to go away. Then, as I blotted the area with a towel, the skin came off. Thankfully, that's when Dr. Leaf called. He said, "It sounds perfectly normal. It's part of the peel."

October 28

My eyes itch out of this world. They're making me crazy. I keep putting the hot compresses on; it helps for a minute, but then they itch again. I'm nervous about having the staples out tomorrow. I'm not supposed to even feel it, because my head is still numb. Hope so.

October 30

Stitches and staples are out! I had sixty in my head, like I was a sofa. It took the surgical nurse about five minutes. Then Dr. Leaf injected Botox. Its active ingredient is the same bacteria that causes botulism; it paralyzes the muscles between your eyebrows and takes away the furrow lines. A few needle pricks and it was over. Since I had surgery under my chin—not liposuction—I have a hematoma there. Most patients just wait it out and it goes away. But since I'll be on TV next week, Dr. Leaf gave me a shot to break up the little pouch of collected blood. I am still numb so it didn't hurt at all.

October 31

Got on the plane to go home. I have to admit, I look darn good! Was so excited to see Frank. When he opened the door, he said, "You don't look any different." I was upset at first, but then I realized that he still perceives me *(continued on page 211)*

The Hamilton Collection. . .

"One More Saturday Night"

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- Exclusive limited editio



STANLEY MOUSE

From The Grateful Dead Art by

STANLEY MOUSE

Plate Collection

The Hamilton Collection

Shown sm
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8¼" in diam

Stanley Mouse, the notorious master that "drew the face on rock music," paints with his instincts. He captured the social, musical and cultural transformation during the turbulant '60s, and came to be most famous for his work associated with the Grateful Dead, including the Skull and Roses icon. Through his creative genius and innovative artistry, his work changed the rock-art world indefinitely!

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Breaking The Sound Barrier

Do your kids do their homework with the stereo blaring? If so, you may want to turn it down. A recent study from Cornell University, in Ithaca, New York, suggests that noisy learning environments not only contribute to poorer reading skills, but hamper language skills as well. More than one hundred first- and second-graders—half of whom attended a school that is bombarded with 90 decibels of aircraft noise every 6.6 minutes—were tested. All the children had normal hearing, but the students from the noisy school scored significantly lower on word recognition and phonetics. The researchers speculate that children exposed to chronic, ambient noise try to offset the racket by tuning out excess sounds—including human speech. "We also suspect that in noisy settings parents and teachers are less likely to speak in complete, complex sentences," says lead researcher Gary Evans, Ph.D. Another reason to turn down the volume: A study from Purdue University, in West Lafayette, Indiana, found that the din of the TV, computer and other household gadgets appears to increase anxiety in kids. —Aimee Kendall

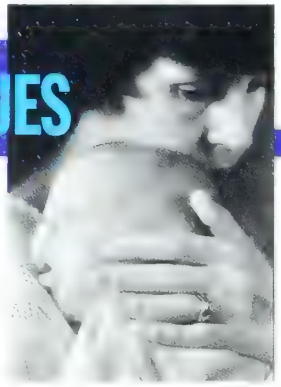
"Adult Onset" Diabetes—In Kids

Childhood obesity is on the rise, and with that comes a startling new repercussion. According to a recent study, Type II diabetes—traditionally found almost exclusively in adults—is increasingly being diagnosed in kids.

Of the estimated sixteen million Americans with diabetes, approximately fifteen million have Type II, which stems from a combination of obesity, lack of exercise, high blood pressure and genetic predisposition. If your child has any of these risk factors, ask your pediatrician to perform a blood-sugar test. If the test shows elevated blood-sugar levels, you may still stave off full-blown diabetes. "Even adults who have risk factors may be able to put off the onset of diabetes for many years," says Gerald Bernstein, M.D., president-elect of the American Diabetes Association, "*if* they diet and exercise."

The diabetes usually associated with children, Type I or insulin-dependent, has also been negatively affected by America's food fixation. Ironically, the problem is not obesity, but an obsession with thinness. *The New England Journal of Medicine* recently reported that up to one third of young women with Type I diabetes also have "disordered eating behavior" and purposely underdose or skip insulin injections (which can be fatal) to lose weight. —Deborah J. Baer

BABY SINGS THE BLUES



Can children inherit their mothers' emotional states? Researchers at the University of Miami School of Medicine have reason to believe so. In tests on thirty-two babies and toddlers and their mothers, researchers found that children whose mothers suffered from low-level chronic depression mirrored their moms' symptoms. "The babies cried more, ate less, were less responsive and got less quiet sleep," says Nancy Aaron Jones, Ph.D, a co-author of the study. "More important, both the moms *and* the children had elevated stress hormones and brain activity common to people with depression."

The researchers are unsure whether the depressed babies were born that way or whether they were mimicking their mothers' behavior. But there may be a cure: In a different study, when depressed moms gave their infants a fifteen-minute full-body massage twice a week for six weeks, the babies not only slept more and fussed less, but the levels of stress hormones in their saliva decreased. "During massage," explains the study's co-author, Saul Schanberg, Ph.D., M.D., professor of psychiatry at Duke University Medical Center, in Durham, North Carolina, "the brain releases endorphins that suppress pain and counter stress." —A.K.

FROM TOP: PHOTO RESEARCHERS INTERNATIONAL; JAMES STILLINGS/TONY STONE IMAGES


Don't play ball in the house. Joanie, go to your room.
Here's another all-time great mom line: Drink your milk.
Unlike hairdos, milk's 9 essential nutrients will always
be in style. Which is why your kids should drink it. Groovy.
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GOOD SCHOOL BAD SCHOOL

When Cottage Grove, Oregon, jumped on the bandwagon of educational reform, townsfolk had no idea what a bumpy ride it would be. By Kathryn Casey

"What happened at the high school split this town in two," says Melinda Bench, thirty-nine, who works in a medical clinic. "It turned neighbor against neighbor." And, Bench might have added, mother against daughter. Indeed, the tension in the Bench household got so bad that, one night, eighteen-year-old Tiffany simply packed up and left.

"I couldn't take it," admits Tiffany. Tears spill from her eyes as she recalls running away from home to live with a family friend and attend school in a neighboring district.

"I felt she wasn't getting a good education in Cottage Grove," explains Melinda, who says she was labeled a "troublemaker" when she spoke out against school reforms in her district. "I encouraged Tiffany to do more than the school asked. The more I pressed, the worse things got between us."

"I was getting A's and B's," says Tiffany, "and I thought, Why doesn't Mom leave me alone? But at the new school . . ." The girl pauses, then shakes her head sadly. "It was devastating. I was a junior with seventh-grade math skills."

"Do I feel the school district owes me?" Melinda asks, her voice hoarse with fury. "They owe me big time. We had to use the money we'd saved for college to pay for math tutors."

The Best Intentions

An undistinguished, low-slung brick building, Cottage Grove High School sits at the edge of this rustic Oregon town (population 8,000). A bell shrieks and the school's nearly eight hundred students flock noisily through the hallways. Teenage girls cluster around a battered locker, and one grinning boy whispers to another at a water fountain.

This wholesome scene belies the controversy in which the school has been spinning since 1992. That's when the town, eager to be part of a statewide push to reverse a downward trend in education, decided to revamp its school system. Since then, the South Lane School District, which encompasses Cottage Grove, has gone through six superintendents. Two angry families went so far as to join in a federal civil-rights lawsuit charging that Oregon's education reform is unconstitutional. (The case was thrown out by a magistrate last year, but is currently on appeal.) *(continued)*

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CON: When Barbara and Bob Tennison sat down to help their son with his homework, they found "A" papers filled with errors.

The flint that ignited this firestorm originated far away, in a movement that began in the education departments of American universities in the 1970s. Initially, the philosophy known as "outcome-based education" (OBE) was governed by two seemingly unassailable principles: that schools should set goals, or "outcomes," for their students, and that those goals should be determined by the entire community working together. The philosophy was at its peak in the late 1980s.



The Tennisons (from left, Barbara, Jay, Bob and Tyrel) charge that the new curriculum promotes social reform, not education

"Proponents thought they were on to a whole new world of schooling," says Vito Perrone, Ph.D., director of Harvard University's teacher-education program. But in retrospect, Perrone says, OBE "was an ill-defined movement" that came to concentrate more on social and psychological goals than academic ones.

PRO: "The new curriculum is tagged toward life skills," says Ardis Belknap. "It's all part of reform," adds Jim.

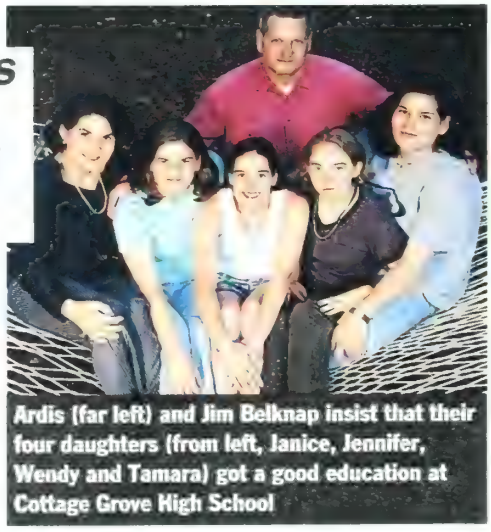
In its infancy, the concept spawned little controversy. Most experts considered OBE's reliance on community involvement a virtue. When OBE was first implemented, in Johnson City, New York, in the seventies, the school district established precise standards in math, science and language arts, reaping rising test scores.

It was in the mid-eighties that the focus started to change. There are many reasons for this shift—among them the nation's spiraling juvenile-crime rates in the 1980s, and a growing emphasis on preparing students for the workforce.

"The touchy-feely, social-psychological crowd," says Lorin Anderson, Ph.D., a professor at the University of South Carolina, in Columbia, "held that in today's world, the best thing is to teach kids to resolve conflicts, to know themselves and adapt—and to write a good résumé." Academics sometimes took a backseat.

Enter Oregon, 1991, a state just emerging from a major economic downturn. Eager to help future generations compete in an increasingly volatile job market, legislators passed House Bill 3565, a radical retooling of the state's public schools.

To set "outcomes" for students, legislators quizzed business leaders on the most desirable qualities in potential employees.



Ardis (far left) and Jim Belknap insist that their four daughters (from left, Janice, Jennifer, Wendy and Tamara) got a good education at Cottage Grove High School

Like most OBE programs, it sounded great on paper.

Among other skills, students would learn to communicate, deliberate on public issues, use computers, interpret literature, apply mathematics, recognize human diversity and work well in teams.

To a group of teachers, parents and school-board members at Cottage Grove High School, the new education act also presented an opportunity to gain $170,000 in state money by volunteering as a pilot school.

Although the reforms made headlines in *The Cottage Grove Sentinel*, the town's weekly newspaper, few parents grasped how drastically their children's education would change. "I don't think most of us understood," says teacher's aide and school-board member Teresa Deatherage, thirty-eight. Although Deatherage originally voted in favor of the reforms, she has spent the last five years fighting them. "What happened," Deatherage says bluntly, "is they flushed the basics down the toilet."

What Do Students Need?

Many experts now feel that the reforms that shook Cottage Grove will be viewed as a short-lived and minor educational experiment. That perspective offers little comfort to some parents of Cottage Grove: They feel their children were the guinea pigs.

The experiment began in the spring of 1992. After training with OBE instructors in Arizona, a twelve-person committee of Cottage Grove High School (CGHS) teachers and school-board members revamped, with input from students, their school's curriculum. In one of the most drastic moves, *(continued)*



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*These findings were based on a sales comparison of loratadine (US dollars) with other leading antihistamines. IMS International Prescription Audit. (September 1994 to November 1997).

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BRIEF SUMMARY (For full Prescribing Information, see package insert.)

INDICATIONS AND USAGE: CLARITIN is indicated for the relief of nasal and non-nasal symptoms of seasonal allergic rhinitis and for the treatment of chronic idiopathic urticaria in patients 6 years of age or older.

CONTRAINDICATIONS: CLARITIN is contraindicated in patients who are hypersensitive to this medication or to any of its ingredients.

PRECAUTIONS: General: Patients with liver impairment or renal insufficiency (GFR < 30 mL/min) should be given a lower initial dose (10 mg every other day). (See **CLINICAL PHARMACOLOGY: Special Populations**.)

Drug Interactions: Loratadine (10 mg once daily) has been coadministered with therapeutic doses of erythromycin, cimetidine, and ketoconazole in controlled clinical pharmacology studies in adult volunteers. Although increased plasma concentrations (AUC 0-24 hrs) of loratadine and/or descarboethoxyloratadine were observed following coadministration of loratadine with each of these drugs in normal volunteers (n = 24 in each study), there were no clinically relevant changes in the safety profile of loratadine, as assessed by electrocardiographic parameters, clinical laboratory tests, vital signs, and adverse events. There were no significant effects on QT_c intervals, and no reports of sedation or syncope. No effects on plasma concentrations of cimetidine or ketoconazole were observed. Plasma concentrations (AUC 0-24 hrs) of erythromycin decreased 15% with coadministration of loratadine relative to that observed with erythromycin alone. The clinical relevance of this difference is unknown. These above findings are summarized in the following table:

Effects on Plasma Concentrations (AUC 0-24 hrs) of Loratadine and Descarboethoxyloratadine After 10 Days of Coadministration (Loratadine 10 mg) in Normal Volunteers

	Loratadine	Descarboethoxyloratadine
Erythromycin (500 mg Q8h)	+ 40%	+46%
Cimetidine (300 mg QID)	+103%	+ 6%
Ketoconazole (200 mg Q12h)	+307%	+73%

There does not appear to be an increase in adverse events in subjects who received oral contraceptives and loratadine.

Carcinogenesis, Mutagenesis, and Impairment of Fertility: In an 18-month carcinogenicity study in mice and a 2-year study in rats, loratadine was administered in the diet at doses up to 40 mg/kg (mice) and 25 mg/kg (rats). In the carcinogenicity studies, pharmacokinetic assessments were carried out to determine animal exposure to the drug. AUC data demonstrated that the exposure of mice given 40 mg/kg of loratadine was 3.6 (loratadine) and 18 (descarboethoxyloratadine) times higher than in humans given the maximum recommended daily oral dose. Exposure of rats given 25 mg/kg of loratadine was 28 (loratadine) and 67 (descarboethoxyloratadine) times higher than in humans given the maximum recommended daily oral dose. Male mice given 40 mg/kg had a significantly higher incidence of hepatocellular tumors (combined adenomas and carcinomas) than concurrent controls. In rats, a significantly higher incidence of hepatocellular tumors (combined adenomas and carcinomas) was observed in males given 10 mg/kg and males and females given 25 mg/kg. The clinical significance of these findings during long-term use of CLARITIN is not known.

In mutagenicity studies, there was no evidence of mutagenic potential in reverse (Ames) or forward point mutation (CHO-HGPRT) assays, or in the assay for DNA damage (rat primary hepatocyte unscheduled DNA assay) or in two assays for chromosomal aberrations (human peripheral blood lymphocyte clastogenesis assay and the mouse bone marrow erythrocyte micronucleus assay). In the mouse lymphoma assay, a positive finding occurred in the nonactivated but not the activated phase of the study.

Decreased fertility in male rats, shown by lower female conception rates, occurred at an oral dose of 64 mg/kg (approximately 50 times the maximum recommended human daily oral dose on a mg/m^2 basis) and was reversible with cessation of dosing. Loratadine had no effect on male or female fertility or reproduction in the rat at an oral dose of approximately 24 mg/kg (approximately 20 times the maximum recommended human daily oral dose on a mg/m^2 basis).

Pregnancy Category B: There was no evidence of animal teratogenicity in studies performed in rats and rabbits at oral doses up to 96 mg/kg (approximately 75 times and 150 times, respectively, the maximum recommended human daily oral dose on a mg/m^2 basis). There are, however, no adequate and well-controlled studies in pregnant women. Because animal reproduction studies are not always predictive of human response, CLARITIN should be used during pregnancy only if clearly needed.

Nursing Mothers: Loratadine and its metabolite, descarboethoxyloratadine, pass easily into breast milk and achieve concentrations that are equivalent to plasma levels with an AUC_{milk}/AUC_{plasma} ratio of 1.17 and 0.85 for loratadine and descarboethoxyloratadine, respectively. Following a single oral dose of 40 mg, a small amount of loratadine and descarboethoxyloratadine was excreted into the breast milk (approximately 0.03% of 40 mg over 48 hours). A decision should be made whether to discontinue nursing or to discontinue the drug, taking into account the importance of the drug to the mother. Caution should be exercised when CLARITIN is administered to a nursing woman.

Pediatric Use: The safety of CLARITIN Syrup at a daily dose of 10 mg has been demonstrated in 188 pediatric patients 6-12 years of age in placebo-controlled 2-week trials. The effectiveness of CLARITIN for the treatment of seasonal allergic rhinitis and chronic idiopathic urticaria in this pediatric age group is based on an extrapolation of the demonstrated efficacy of CLARITIN in adults in these conditions and the likelihood that the disease course, pathophysiology, and the drug's effect are substantially similar to that of the adults. The recommended dose for the pediatric population is based on cross-study comparison of the pharmacokinetics of CLARITIN in adults and pediatric subjects and on the safety profile of loratadine in both adults and pediatric patients at doses equal to or higher than the recommended doses. The safety and effectiveness of CLARITIN in pediatric patients under 6 years of age have not been established.

ADVERSE REACTIONS: CLARITIN Tablets: Approximately 90,000 patients, aged 12 and older, received CLARITIN Tablets 10 mg once daily in controlled and uncontrolled studies. Placebo-controlled clinical trials at the recommended dose of 10 mg once a day varied from 2 weeks' to 6 months' duration. The rate of premature withdrawal from these trials was approximately 2% in both the treated and placebo groups.

REPORTED ADVERSE EVENTS WITH AN INCIDENCE OF MORE THAN 2% IN PLACEBO-CONTROLLED ALLERGIC RHINITIS CLINICAL TRIALS IN PATIENTS 12 YEARS OF AGE AND OLDER

PERCENT OF PATIENTS REPORTING

	LORATADINE 10 mg QD n = 1926	PLACEBO n = 2545	CLEMASTINE 1 mg BID n = 536	TERFENADINE 60 mg BID n = 684
Headache	12	11	8	8
Somnolence	8	6	22	6
Fatigue	4	3	10	3
Dry Mouth	3	2	4	3

Adverse events reported in placebo-controlled chronic idiopathic urticaria trials were similar to those reported in allergic rhinitis studies.

Adverse event rates did not appear to differ significantly based on age, sex, or race although the number of nonwhite subjects was relatively small.

CLARITIN REDITABS (loratadine rapidly-disintegrating tablets): Approximately patients received CLARITIN REDITABS (loratadine rapidly-disintegrating tablets) in controlled clinical trials of 2 weeks' duration. In these studies, adverse events were similar type and frequency to those seen with CLARITIN Tablets and placebo.

Administration of CLARITIN REDITABS (loratadine rapidly-disintegrating tablets) did result in an increased reporting frequency of mouth or tongue irritation.

CLARITIN Syrup: Approximately 300 pediatric patients 6 to 12 years of age received 10 mg loratadine once daily in controlled clinical trials for a period of 8-15 days. Among these, 188 children were treated with 10 mg loratadine syrup once daily in placebo-controlled trials. Adverse events in these pediatric patients were observed to occur with and frequency similar to those seen in the adult population. The rate of premature discontinuance due to adverse events among pediatric patients receiving loratadine 10 mg was less than 1%.

ADVERSE EVENTS OCCURRING WITH A FREQUENCY OF ≥ 2% IN LORATADINE SYRUP-TREATED PATIENTS (6-12 YEARS OLD) IN PLACEBO-CONTROLLED TRIALS, AND MORE FREQUENTLY THAN IN THE PLACEBO GROUP

PERCENT OF PATIENTS REPORTING

	LORATADINE 10 mg QD n = 188	PLACEBO n = 262	CHLORPHENIRAMINE 2-4 mg BID-TID n = 170
Nervousness	4	2	2
Wheezing	4	2	5
Fatigue	3	2	5
Hyperkinesia	3	1	1
Abdominal Pain	2	0	0
Conjunctivitis	2	<1	1
Dysphonia	2	<1	0
Malaise	2	0	1
Upper Respiratory Tract Infection	2	<1	0

In addition to those adverse events reported above (≥ 2%), the following adverse events have been reported in at least one patient in CLARITIN clinical trials in adult and pediatric patients:

Autonomic Nervous System: Altered lacrimation, altered salivation, flushing, hyperesthesia, impotence, increased sweating, thirst.

Body As A Whole: Angioneurotic edema, asthenia, back pain, blurred vision, chest pain, earache, eye pain, fever, leg cramps, malaise, rigors, tinnitus, viral infection, weight gain.

Cardiovascular System: Hypertension, hypotension, palpitations, supraventricular tachyarrhythmias, syncope, tachycardia.

Central and Peripheral Nervous System: Blepharospasm, dizziness, dysphonia, hypertonia, migraine, paresthesia, tremor, vertigo.

Gastrointestinal System: Altered taste, anorexia, constipation, diarrhea, dyspepsia, flatulence, gastritis, hiccup, increased appetite, nausea, stomatitis, toothache, vomiting.

Musculoskeletal System: Arthralgia, myalgia.

Psychiatric: Agitation, amnesia, anxiety, confusion, decreased libido, depression, impaired concentration, insomnia, irritability, paronina.

Reproductive System: Breast pain, dysmenorrhea, menorrhagia, vaginitis.

Respiratory System: Bronchitis, bronchospasm, coughing, dyspnea, epistaxis, hemoptysis, laryngitis, nasal dryness, pharyngitis, sinusitis, sneezing.

Skin and Appendages: Dermatitis, dry hair, dry skin, photosensitivity reaction, pruritus, purpura, rash, urticaria.

Urinary System: Altered micturition, urinary discoloration, urinary incontinence, urinary retention.

In addition, the following spontaneous adverse events have been reported rarely during the marketing of loratadine: abnormal hepatic function, including jaundice, hepatitis and hepatic necrosis, alopecia, anaphylaxis, breast enlargement, erythema multiforme, peripheral edema, and seizures.

OVERDOSAGE: In adults, somnolence, tachycardia, and headache have been reported with overdoses greater than 10 mg with the Tablet formulation (40 to 180 mg). Extrapyramidal signs and palpitations have been reported in children with overdoses of greater than 10 mg of CLARITIN Syrup. In the event of overdosage, general symptomatic and supportive measures should be instituted promptly and maintained for as long as necessary.

Treatment of overdosage would reasonably consist of emesis (ipecac syrup), except in patients with impaired consciousness, followed by the administration of activated charcoal to absorb any remaining drug. If vomiting is unsuccessful, or contraindicated, gastric lavage should be performed with normal saline. Saline cathartics may also be of value for rapid dilution of bowel contents. Loratadine is not eliminated by hemodialysis. It is not known if loratadine is eliminated by peritoneal dialysis.

No deaths occurred at oral doses up to 5000 mg/kg in rats and mice (greater than 1000 and 1200 times, respectively, the maximum recommended human daily oral dose on a mg/m^2 basis). Single oral doses of loratadine showed no effects in rats, mice, and monkeys at doses as high as 10 times the maximum recommended human daily oral dose on a mg/m^2 basis.

Schering®

Schering Corporation
Kenilworth, NJ 07033 USA

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19628400 IBS

CLARITIN REDITABS (loratadine rapidly-disintegrating tablets) are manufactured for Schering Corporation by Scherer DDS, England.

U.S. Patent Nos. 4,282,233 and 4,371,516.

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e committee jettisoned the tradi-
nal A-to-F grading system. Not
ly could all students learn, went
e thinking, they could all earn top
ades. So no student's work was fin-
ied until he scored an A or a B.
s, or In Progresses, appeared on
port cards—and remained there.
ithin a few years, seniors' tran-
ipts were often littered with IPs
m freshman year—in classes re-
ired for graduation.

The committee was just as radi-
l in addressing the curriculum.
asses like English and social
udies were melded into language
ts/social studies/science blocks.
ie committee suggested that sci-
ce teachers correct grammar and
rd usage. In addition, new class-
such as The World of Work
re introduced.

"The primary goal was to have
idents become self-directed," says
! Otton, who retired last May as
GHS's principal. "Before, so much
what I was teaching was irrele-
nt," adds Mike Wolfe, a CGHS
cial-studies teacher who helped de-
e the curriculum. "What about
alvin Coolidge's foreign policy do
u need to know in order to do
ur job today? Nothing."

Town at War

The problems in Cottage Grove are
ally the product of a small, vocal
nority," charges Tanya Gross, a
rriculum specialist at the Oregon
epartment of Education. "Most
rents favor what's happened in
hools across the state." *The Cottage*
ove Sentinel, too, has consistently
pported the reforms.

One member of that "vocal minori-
" Deatherage, enrolled her daugh-
in a neighboring district. Another
the reforms' most outspoken crit-
, Barbara Tennison, fifty-one, is a
partment manager at Wal-Mart.
nnison's older son, Jay, twenty,
is a member of the CGHS class of
96, the first under the new curricu-
n. Her younger son, Tyrel, sixteen,
currently a junior at the school.

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Depending on their own views of OBE, townsfolk see the two women as either martyrs for the cause or opportunists out to make a name for themselves in conservative circles. (In fact, attorneys for the federal lawsuit are supplied by the American Family Association Law Center, a right-wing group operating out of Tupelo, Mississippi.)

Clearly, however, dissent extends beyond a "small, vocal minority." When Tennison ran for the school board last year, she received nearly one thousand votes, a third of those cast. Furthermore, many opponents of the reforms are self-described liberals including Mary Jo Davis, a shop owner whose daughter Amber entered CGHS in the [illegible]

All over town, horror stories abound. A customer in a local office-supply store tells how she pulled her sixteen-year-old son out of the tenth grade at CGHS in favor of an expensive private school after she discovered he couldn't add fractions. Joanne Munro, a forty-three-year-old mother of three, sent her fifteen-year-old daughter, Stacey, to parochial school. "We were worried she wouldn't get the skills to score well on the SAT." (Since the reforms were enacted, SAT scores at CGHS have remained slightly below the state average.) Of the 299 members of the class of 1996, more than half left at some point before graduation—to enroll elsewhere, be home-schooled or just drop out.

"Something's Wrong"

"At first, I didn't believe Jay when he said he wasn't learning anything," says Barbara Tennison.

Then, one night, she and her husband, Bob, a police dispatcher, sat down to help Jay with his homework. They found English papers with A grades filled with spelling and grammatical errors, and math problems that seemingly had nothing to do with math.

It was then, *(continued on page 79)*


Wh

Last winter, Mike Vaughn had a heart attack. In addition to diet and exercise, his doctor prescribed ZOCOR, the one cholesterol medicine proven to help save the lives of people with high cholesterol and heart disease. Good thing. Because he has some important plans with Alex.

ike Vaughn did with his future.

Your future is too valuable a thing to risk with **high cholesterol**. High cholesterol can lead to heart disease and even death. When used with diet and exercise, ZOCOR is the one medicine that's actually been proven to help save the lives of people with high cholesterol and heart disease. **More than 3.1 million people have taken ZOCOR, the most often prescribed cholesterol medicine in the U.S.***

A landmark five-year study among heart disease patients with high cholesterol demonstrated dramatic results for ZOCOR: fewer cardiac procedures, fewer heart attacks, and 42% fewer deaths from heart disease.

ZOCOR is a prescription drug, so you should ask your doctor or healthcare professional if ZOCOR is right for you. Some people should not take ZOCOR: people with active liver disease or possible liver problems; women who are pregnant, likely to become pregnant, or are nursing; or people who are allergic to any of its ingredients.

Your doctor may perform blood tests to check your liver function before and during treatment with ZOCOR. Be sure to tell your doctor if you experience any unexplained muscle pain or weakness while taking ZOCOR, since this could be a sign of serious side effects, and be sure to mention any medication you are taking to avoid possible serious drug interactions.

To get your free copy of "Surviving High Cholesterol," call 1-800-363-LIFE. Visit our Web site at http://www.zocor.com



Ask your doctor about ZOCOR– the one cholesterol medicine proven to help save lives among people with high cholesterol and heart disease.

- [illegible]
- [illegible]
- [illegible] having a heart attack?
- [illegible]
- [illegible]

MERCK

Please read the next page for a summary of Prescribing Information and discuss it with your doctor.

ZOCOR is indicated as an addition to diet for patients with high cholesterol when diet and exercise are inadequate. (Results vary patient to patient.)

It's your future.
BE THERE.

ZOCOR. The cholesterol medicine that helps save lives.

Source: IMS America, December [illegible]

ZOCOR
(SIMVASTATIN)

PLEASE READ THIS SUMMARY CAREFULLY, AND THEN ASK YOUR DOCTOR ABOUT ZOCOR. NO ADVERTISEMENT CAN PROVIDE ALL THE INFORMATION NEEDED TO PRESCRIBE A DRUG. THIS ADVERTISEMENT DOES NOT TAKE THE PLACE OF CAREFUL DISCUSSIONS WITH YOUR DOCTOR. ONLY YOUR DOCTOR HAS THE TRAINING TO WEIGH THE RISKS AND BENEFITS OF A PRESCRIPTION DRUG FOR YOU.

USES OF ZOCOR

terol when diet and exercise are inadequate. For patients with coronary heart disease (CHD) and high cholesterol, ZOCOR is indicated as an addition to diet to reduce the risk of death by reducing coronary death, to reduce the risk of heart attack, and to reduce the risk for undergoing cardiac procedures (coronary artery bypass grafting and percutaneous transluminal coronary angioplasty)

WHEN ZOCOR SHOULD NOT BE USED

Some people should not take ZOCOR. Discuss this with your doctor.

ZOCOR should not be used by patients who are allergic to any of its ingredients. In addition to the active ingredient simvastatin, each tablet contains the following inactive ingredients: cellulose, lactose, magnesium stearate, iron oxides, talc, titanium dioxide, and starch. Butylated hydroxyanisole is added as a preservative.

Patients with liver problems: ZOCOR should not be used by patients with active liver disease or repeated blood test results indicating possible liver problems. (See WARNINGS.)

Women who are or may become pregnant: Pregnant women should not take ZOCOR because it may harm the fetus. **Women of childbearing age should not take ZOCOR unless it is highly unlikely that they will become pregnant.** If a woman does become pregnant while on ZOCOR, she should stop taking the drug and talk to her doctor at once.

Women who are breast-feeding should not take ZOCOR.

WARNINGS

Liver: About 1% of patients who took ZOCOR in clinical trials developed elevated levels of some liver enzymes. Patients who had these increases usually had no symptoms. Elevated liver enzymes usually returned to normal levels when therapy with ZOCOR was stopped.

In the ZOCOR Survival Study, the number of patients with more than one liver enzyme level elevation to greater than 3 times the normal upper limit was no different between the ZOCOR and placebo groups. Only 8 patients on ZOCOR and 5 on placebo discontinued therapy due to elevated liver enzyme levels. Patients were started on 20 mg of ZOCOR, and one third had their dose raised to 40 mg.

Your doctor should perform routine blood tests to check these enzymes before you start treatment with ZOCOR, and periodically thereafter (for example, semiannually) for your first year of treatment or until one year after your last elevation in dose. If your enzyme levels increase, your doctor should order more frequent tests. If your liver enzyme levels remain unusually high, your doctor should discontinue your medication.

Tell your doctor about any liver disease you may have had in the past and about how much alcohol you consume. ZOCOR should be used with caution in patients who consume large amounts of alcohol.

Muscle: Tell your doctor right away if you experience any muscle pain, tenderness, or weakness at any time during treatment with ZOCOR, particularly if you have a fever or if you are generally not feeling well, so your doctor can decide if ZOCOR should be stopped. Some patients may have muscle pain or weakness while taking ZOCOR. Rarely, this can include muscle breakdown resulting in kidney damage. The risk of muscle breakdown is greater in patients taking certain other drugs along with ZOCOR, such as the lipid-lowering drug Lopid* (gemfibrozil), a fibrate; lipid-lowering doses of nicotinic acid (niacin); the antibiotics erythromycin and clarithromycin; nefazodone; antifungal drugs that are azole derivatives, such as itraconazole and ketoconazole; or drugs that suppress the immune system (called immunosuppressive drugs, such as Sandimmune [cyclosporine]). Therapy with ZOCOR should be temporarily interrupted if you are going to take an azole derivative antifungal medication, such as itraconazole. Patients using ZOCOR along with any of these other drugs should be carefully monitored by their physician. The risk of muscle breakdown is greater in patients with kidney problems or diabetes.**

If you have conditions that can increase your risk of muscle breakdown, which in turn can cause kidney damage, your doctor should temporarily withhold or stop ZOCOR. Such conditions include severe infection, low blood pressure, major surgery, trauma, severe metabolic, endocrine and electrolyte disorders, and uncontrolled seizures. Also, since there are no known adverse consequences of briefly stopping therapy with ZOCOR, treatment should be stopped a few days before elective major surgery. Discuss this with your doctor, who can explain these conditions to you.

Because there are risks in combining therapy with ZOCOR with lipid-lowering doses of nicotinic acid (niacin) or with drugs that suppress the immune system, your doctor should carefully weigh the potential benefits and risks. He or she should also carefully monitor patients for any muscle pain, tenderness, or weakness, particularly during the initial months of therapy and if the dose of either drug is increased. Your doctor may also monitor the level of certain muscle enzymes in your body, but there is no assurance that such monitoring will prevent the occurrence of severe muscle disease.

PRECAUTIONS

Before starting treatment with ZOCOR, try to lower your cholesterol by other methods such as diet, exercise, and weight loss. Ask your doctor about how best to do this. Any other medical problems that can cause high cholesterol should also be treated.

ZOCOR (simvastatin) is less effective in patients with the rare disorder known as homozygous familial hypercholesterolemia.

Drug Interactions: Because of possible serious drug interactions, it is important to tell your doctor what other drugs you are taking, including those obtained without a prescription.

ZOCOR can interact with Lopid, niacin, erythromycin, clarithromycin, nefazodone, certain antifungal drugs, and drugs that suppress the immune system (called immunosuppressive drugs, such as Sandimmune). (See WARNINGS, Muscle.)

Some patients taking lipid-lowering agents similar to ZOCOR and coumarin anticoagulants (a type of blood thinner) have experienced bleeding and/or increased blood clotting time. Patients taking these medicines should have their blood tested before starting therapy with ZOCOR and should continue to be monitored.

Endocrine (Hormone) Function: ZOCOR and other drugs in this class may affect the production of certain hormones. Caution should be exercised if a drug used to lower cholesterol levels is administered to patients also receiving other drugs (e.g., ketoconazole, spironolactone, cimetidine) that may decrease the levels or activity of hormones. If you are taking any such drugs, tell your doctor.

Central Nervous System Toxicity; Cancer, Mutations, Impairment of Fertility: Like other prescription drugs, ZOCOR was required to be tested on animals before it was marketed for human use. Often these tests were designed to achieve higher drug concentrations than humans achieve at recommended dosing. In some tests, the animals had damage to the nerves in the central nervous system. In studies of mice with high doses of ZOCOR, the likelihood of certain types of cancerous tumors increased. No evidence of mutations of or damage to genetic material has been seen. In one study with ZOCOR, there was decreased fertility in male rats.

Pregnancy: Pregnant women should not take ZOCOR because it may harm the fetus.

Safety in pregnancy has not been established. There have been no reports of birth defects in the children of patients taking ZOCOR. However, in studies with lipid-lowering agents similar to ZOCOR, there have been rare reports of birth defects of the skeleton and digestive system. Therefore, women of childbearing age should not take ZOCOR unless it is highly unlikely they will become pregnant. If a woman plans to become pregnant while taking ZOCOR, she should stop taking the drug and talk to her doctor at once. The active ingredient of ZOCOR did not cause birth defects in rats at 6 times the human dose or in rabbits at 4 times the human dose.

Nursing Mothers: Drugs taken by nursing mothers may be present in their breast milk. Because of the potential for serious adverse reactions in nursing infants, a woman taking ZOCOR should not breast-feed. (See WHEN ZOCOR SHOULD NOT BE USED.)

Pediatric Use: ZOCOR is not recommended for children or patients under 20 years of age.

SIDE EFFECTS

Most patients tolerate treatment with ZOCOR well; however, like all prescription drugs, ZOCOR can cause side effects, and some of them can be serious. Side effects that do occur are usually mild and short-lived. Only your doctor can weigh the risks versus the benefits of any prescription drug. In clinical studies with ZOCOR, less than 1.5% of patients dropped out of the studies because of side effects. In a large long-term study, patients taking ZOCOR experienced similar side effects to those patients taking placebo (sugar pills). Some of the side effects that have been reported with ZOCOR or related drugs are listed below. This list is not complete. Be sure to ask your doctor about side effects before taking ZOCOR and to discuss any side effects that occur.

Digestive System: Constipation, diarrhea, upset stomach, gas, heartburn, stomach pain/cramps, anorexia, loss of appetite, nausea, inflammation of the pancreas, hepatitis, jaundice, fatty changes in the liver, and, rarely, severe liver damage and failure, cirrhosis, and liver cancer.

Muscle, Skeletal: Muscle cramps, aches, pain, and weakness; joint pain, muscle breakdown.

Nervous System: Dizziness, headache, insomnia, tingling, memory loss, damage to nerves causing weakness and/or loss of sensation and/or abnormal sensations, anxiety, depression, tremor, loss of balance, psychic disturbances.

Skin: Rash, itching, hair loss, dryness, nodules, discoloration.

Eye/Senses: Blurred vision, altered taste sensation, progression of cataracts, eye muscle weakness.

Hypersensitivity (Allergic) Reactions: On rare occasions, a wide variety of symptoms have been reported to occur either alone or together in groups (referred to as a syndrome) that appeared to be based on allergic-type reactions, which may rarely be fatal. These have included one or more of the following: severe generalized reaction that may include shortness of breath, wheezing, digestive symptoms, a fall in blood pressure and even shock; an allergic reaction with swelling of the face, lips, tongue and/or throat, difficulty swallowing or breathing; symptoms mimicking lupus (a disorder in which a person's immune system may attack parts of his or her own body); severe muscle and blood vessel inflammation; blood disorders of various disorders of blood cells (that could result in anemia, infection, or blood clotting problems); changes in abnormal blood tests, inflamed or painful joints; hives; fatigue and weakness, sensitivity to sunlight, fever, chills, flushing, difficulty breathing, and severe skin disorders that vary from rash to a serious but rare shedding of skin all over the body, including mucous membranes such as the lining of the mouth.

Other: Loss of sexual desire, breast enlargement, impotence.

Laboratory Tests: Liver function test abnormalities including elevated alkaline phosphatase and bilirubin; thyroid function abnormalities.

NOTE: This summary provides important information about ZOCOR. If you would like more information, ask your doctor or pharmacist to let you read the professional labeling and then discuss it with them.

MERCK
West Point, PA 19486

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"We listened to our community and acted," says former principal Ed Otton of the town's turnaround on school reform

GOOD SCHOOL, BAD SCHOOL

Continued from page 75

the Tennisons say, that they decided something was drastically wrong at the school.

"Kids were literally running loose. They didn't know what teacher they had or where he was," remembers Jay, who now takes classes at a local community college. "The attitude was, the students are 'self-directed,' so it's their problem."

Jim and Ardis Belknap hold a different view. "The new curriculum is tagged toward life skills," says Ardis, forty-seven, who works in corporate relations. "Kids have to know computers. They have to know . . ."

"Health issues," chimes in Jim, a real-estate broker. "It's a broad spectrum. It's all part of education reform."

The Belknaps insist that their four daughters (all students at CGHS during the reforms) received good educations. Yet they admit to having been mystified when the school temporarily abandoned ninth-grade science and to sending their daughters to community college classes to brush up on the basics.

For the Belknaps, and for Deatherage and Tennison, the conflict has become intensely personal. "I wish Teresa and Barbara were more reasonable," Ardis says angrily. "They wouldn't be shut out by others who disagree with them. But people shudder when they come in the room."

Back to Basics—Belatedly

Outcome-based education has become such a hot button in Cottage Grove that at least one school-board member, Sherry Duerst-Higgins, refuses even to utter the words. "When people hear that phrase, chills run down their backs," she says. "I prefer to call it *school [illegible]*."

Whatever people in town call it, much of what was introduced as OBE in 1992 has slowly faded away.

"We have modified a [illegible] the reforms," admits ex-principal Otton. At CGHS, academic subjects like algebra and [illegible] reappeared on class schedules, and C's and D's have returned to report cards.

How much did the protests of parents have to do with the changes?

Otton shrugs, grimaces, then concedes, "You could say we listened to our community and acted."

In 1995, state legislators redrafted the "outcomes" they expected from Oregon's students. While workplace preparation remained an emphasis, the new goals stressed academics above all.

On a national level, too, experts say OBE's heyday has passed. "The talk today is about academic standards," says Perrone.

It's too late, however, for Tiffany Bench, who got married after graduation last year and hopes to continue her education someday. "I'm really proud of her, but I had always hoped she would go to college," says her mother, Melinda, with a heavy sigh. "I put the blame squarely on OBE and Cottage Grove High School. They robbed my daughter of her education." ●

Kathryn Casey is a contributing editor of Ladies' Home Journal.

The Right Stuff?

Most parents are surprisingly naive about whether their kids are learning the right things in school. Here are some ways to reassure yourself:

- Ask your children about school; if something sounds odd to you, talk to their teacher. If it still sounds odd, go to the principal.
- Really read your kids' textbooks.
- Do your children have homework? If not, find out why. If so, carefully review its content.
- Closely monitor your children's academic performance. If you don't understand why they received a certain grade, ask the teacher.
- Visit your child's classes and talk to teachers about your school district's curriculum goals.
- Keep track of trends in the school's standardized test scores.
- Stay abreast of school-board votes.
- Join parent/teacher organizations, attend meetings and volunteer in your child's classroom.

Where's the math?

A math problem that asks students how they feel? That's right. Here's an actual assignment some Cottage Grove High School math classes used in the early days of OBE:

Homework #4—Great Expectations

This writing assignment is a tough one. It has to do with self-reflection and the future. In class, you thought about what a typical Wednesday would be like when you are thirty years old. We want you to write about what you expect of yourself in general. Here are some things to think about:

- **What does success mean to you?**
- **Do you have complete control over your career choices?**
- **If you do not have control, then who else has control and how?**
- **Are you being realistic?**
- **Are you being too conservative?**
- **Do you expect to do well in your life?**
- **What are some specific things you can do in high school to increase your chances for a successful future?**



Betsy Armstrong had no idea her great-aunt's whirligig was worth $25,000

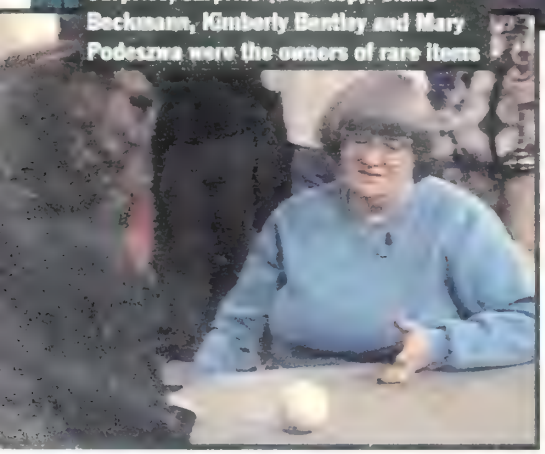
Could that "junk" in the attic actually be worth a fortune? These women found out when their finds were appraised on TV. By Corinne L. Domingo

Hidden Treasures





Surprise, surprise (from top): Claire Beckmann, Kimberly Bentley and Mary Podeszwa were the owners of rare items



The producers of *Antiques Roadshow*, a popular PBS series, sponsor free expert appraisals across the country, where people who bring in their antiques and collectibles can learn whether they have a $300,000 garage-sale find or a fabulous fake. We rounded up seven of the best finds from the *Roadshow*, and asked the owners to share their stories.

Claire Beckmann, Secaucus, New Jersey
Item: Federal card table
Estimated Worth: $250,000–$300,000

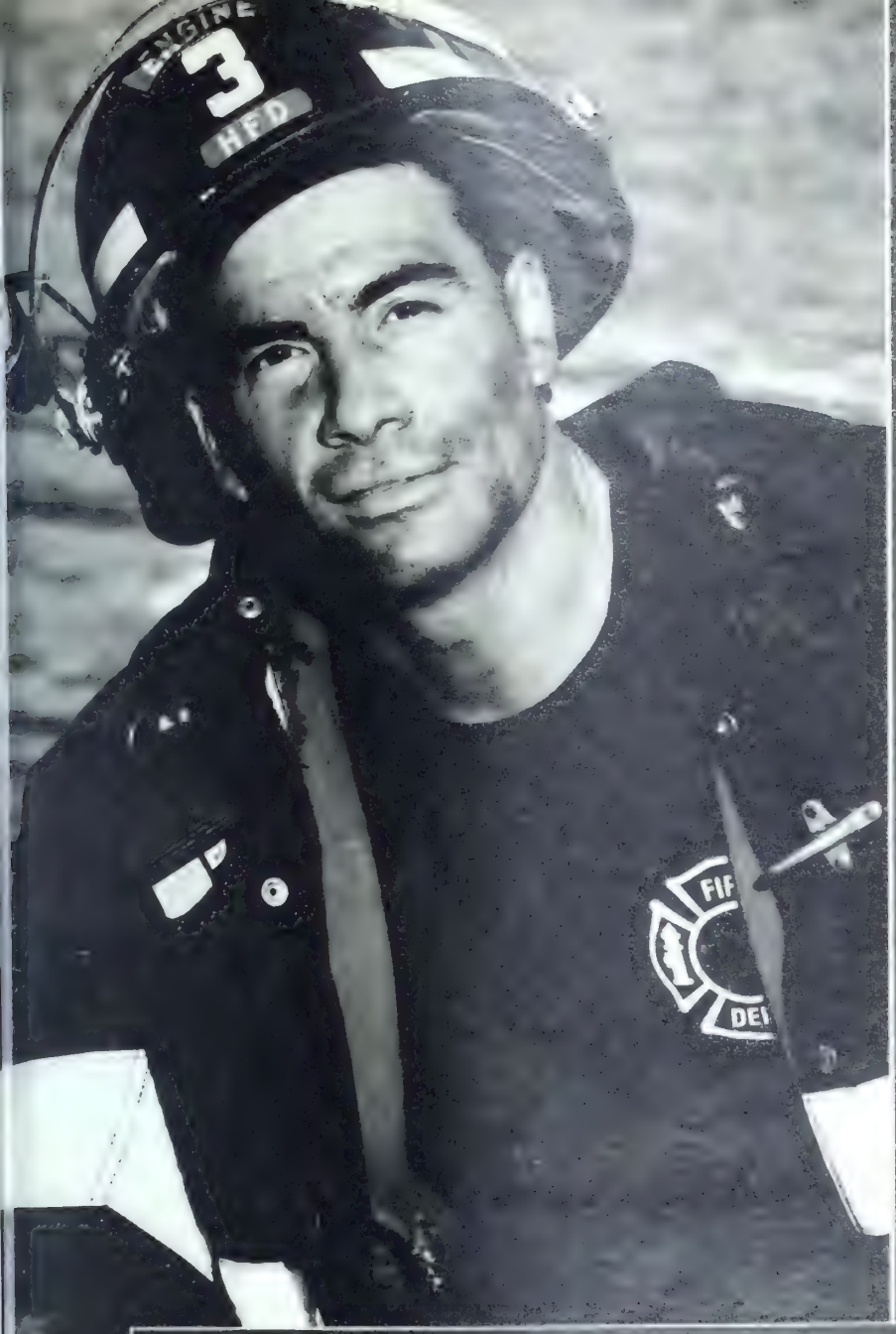
Beckmann had no idea that the card table she'd purchased for $25 at an estate sale over thirty years ago was worth a lot of money. For one thing, it wasn't pretty to look at. "My friend who was with me said, 'I hope you don't buy this thing,'" says Beckmann. "It was dirty, wobbly and looked like it wouldn't even hold a lamp." When Beckmann attempted to fix its legs, she noticed a label signed "John Seymour and Son Cabinet Makers, Creek Square, Boston" on the underside. Library research and calls to two museums and an antiques dealer confirmed that she had a real find.

Appraisers Leslie Keno of Sotheby's and Leigh Keno of Leigh Keno American Antiques told Beckmann that the table was valuable because it still bore its label and its original finish. The table also has an exact mate, which is very rare for a John Seymour piece.

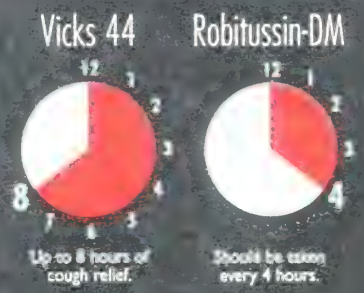
In January, Beckmann's table was scheduled to be auctioned by Sotheby's. Beckmann plans to donate some of the money for grants and scholarships for needy students. Now, Beckmann's friends are clamoring to go shopping with her.

Betsy Armstrong, Dallas, Texas
Item: Whirligig
Estimated Worth: $20,000–$25,000

Twenty-eight years ago, Armstrong was visiting her great-aunt when she saw the whirligig, which her aunt had brought indoors after thieves tried to take it from the roof of her barn. Armstrong was immediately attracted to the piece, which she inherited from her aunt last year. "It's kind of the runt of the litter that you love the most because it's so pathetic," she says. The carved wooden figure of a German soldier has long, propeller-like arms that spin; it turns like a weather vane, although whirligigs were usually used to scare away crows. *(continued)*



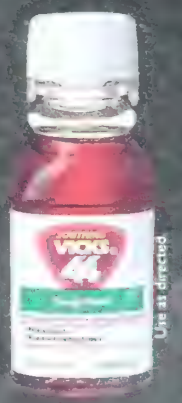
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Appraiser Peter Curran of Curran and Curran, Ltd., said it was worth far more than the $3,000 Armstrong had estimated. Armstrong thought her brothers and sisters would be envious; they had often teased her about being too fond of her whirligig, which she nicknamed Precious.

Now that her family no longer makes fun of her, they're urging her to sell the piece. "I told them, 'Over my dead body!' I wouldn't sell him for the world!" she says.

Kimberly Bentley, Atlanta, Georgia
Item: 1841 letter from Abraham Lincoln
Estimated Worth: $75,000–$125,000

When Bentley found out that the *Roadshow* would be in Atlanta, she thought it would be fun to take something in. But the Lincoln letter, which has been in her family for generations, didn't even occur to her at first. "My family placed more of a personal than monetary value on it," says Bentley. The letter was written to her great-great-grandfather, Andrew McCormack, by Lincoln. They were good friends and both members of the "Long Nine," a group of nine Illinois legislature representatives over six feet tall. The letter—uncharacteristically emotional for the sixteenth president—asks McCormack not to vote for Democratic candidate for State Printer William Walters. "For heaven's sake, for your friends sake, for the sake of the recollection of all the hard battles we have heretofore fought shoulder, to shoulder, do not forsake us this time," Lincoln pleads. Appraiser Marsha Malinowski of Sotheby's estimated the value of the letter at $75,000 to $125,000.

Bentley and her father now treasure the letter more than ever. "It's been passed down to the oldest male of each generation," Bentley says. "It really belongs to my son now, but he's only eighteen, and I'm in charge of it until he gets older."

Mary Podeszwa, Chicago, Illinois
Item: All-American Girls Professional Baseball League autographed baseball
Estimated Worth: $2,000–$4,000

Podeszwa was at an estate sale fifteen years ago when she came across a baseball at the bottom of a box. It had thirteen signatures, and was signed "To the B's From the Belles 1950." Podeszwa bought it for a quarter, put it in a drawer and forgot about it until 1992, when *A League of Their Own* hit the movie theaters. Podeszwa realized her ball was from the All-American Girls Professional Baseball League, the female pro league formed during World War II.

Podeszwa took her ball to the *Roadshow*'s Chicago appraisal. "The appraiser's eyes got as big as saucers," she recalls. Kathleen Gorman of Phillips Auctioneers had seen a similar ball auctioned, and she believes the ball could bring $2,000 to $4,000. Podeszwa plans to auction it one day.

Robin Fross, San Francisco, California
Item: Autographed silent-film star photo
Estimated Worth: $40,000–$50,000

Hank Mann, Fross's grandfather, was a silent-film star and one of the original Keystone Kops. Fross brought in his trademark wig and mustache to assemble for appraisal. She also brought along some movie memorabilia to prove that Mann really was her grandfather, including a collection of autographed photographs of stars such as Fatty Arbuckle, *(continued on page 6)*

INTERESTED IN HAVING SOMETHING APPRAISED?

To find out if the *Antiques Roadshow* will be in your area, visit their Web site at: *www.pbs.org/wgbh/pages/roadshow*. To find an appraiser in your town, you can visit the Maine Antique Digest Web site at *www.maineantiquedigest.com/appraise/appraise.htm*. There, you can search for members of the Appraisers Association of America (212-889-5404), American Society of Appraisers (800-272-8258), and the International Society of Appraisers (888-472-5469, for a free database search). You can also call the associations and request their directories for a fee. (Appraisers generally charge $75 to $100 per hour for their services.)



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Hold on to those heirlooms: From left, Robin Fross, Carole Gray and Marcelyn Carroll discovered that their family hand-me-downs were valuable



Fross's reaction to hearing how much her photos were worth: "Oh, no!"

HIDDEN TREASURES

Continued from page 82

Buck Jones, Mabel Normand and Mack Swain. Appraiser Rudy Franchi of The Nostalgia Factory estimated the wig and mustache were worth $7,000 to $8,000, but then told Fross that the pictures were even more important. "When Rudy told me fifty thousand dollars, I said, 'Oh, no!'" Fross says. "I'm still amazed that they're that valuable."

Carole Gray, San Francisco
Item: Book of botanical engravings from Joséphine Bonaparte's garden
Estimated Worth: $75,000

Gray knew that the book she brought in to the *Roadshow* was worth something. "I could not read French, but I did recognize Madame Bonaparte's name," says Gray. "It was also dated 1803, so I knew that the book was valuable. But I had no idea how valuable." Gray inherited the book from her late grandmother's estate. Her great-grandfather, the first director of agriculture in California, was invited to France to help solve an agricultural problem, and received this book, titled *Jardin de la Malmaison*, as a token of appreciation. It features 240 engravings of flowers from Joséphine Bonaparte's garden, painted by Pierre Redouté, a renowned floral illustrator.

Gray now keeps the book under lock and key—and away from her young sons. "I'll let them see it when they grow out of crayons," she says.

Marcelyn Carroll, San Francisco
Item: Norton Sound Alaskan Eskimo hunting helmet
Estimated Worth: $60,000–$75,000

Carroll and her daughter Stephanie planned to bring three items to the *Roadshow* appraisal, and grabbed her helmet only as an afterthought. "We were really disputing who was going to carry that thing," Carroll says. "It's very rustic-looking, not what you'd call beautiful." Her father had purchased the helmet over twenty years ago at a flea market for a couple of dollars, and it had been sitting around her house ever since.

Appraiser Donald Ellis of Donald Ellis Gallery had been studying Eskimo helmets and masks for the past five years. Dating back to the early nineteenth century, the helmet is crafted from a single piece of wood and decorated with ivory. The helmet is one of fewer than twenty-five known to exist.

Carroll's son, Darren, is now the keeper of the helmet, and the family plans to lend it to a nearby university museum in her late father's name. ●

Corinne L. Domingo is an editorial assistant at the Journal.

Don't toss it out!

"A lot of things hidden in your attic can be money in your pocket," says Tony Hyman, Ed.D., author of *Trash or Treasure Directory of Buyers* (Treasure Hunt Publications, 1997). Right now, one of the hottest collectibles is fishing tackle, including ocean or freshwater reels, rods and baits—equipment from the 1930s has been selling for $1,000 or more. Endorsed baseball gloves (ones named for a player) before 1970 and athletic designer sneakers from the '70s and '80s (such as Nike Dunks and Air Jordans) have been selling for hundreds of dollars. Cereal boxes with pop-culture icons (such as athletes, actors, etc.) are also in high demand in the collectibles market; a Beatles cereal box from 1969 is worth over $2,000. "When you're cleaning house, make sure that you're not throwing away anything valuable," Hyman says. "I've heard horror stories about parents throwing away things, such as rare comic-book collections." Hyman's book once inspired a couple to get an appraisal for a can of marbles they'd found while renovating their kitchen. It turned out that the marbles were very rare pieces, and a buyer snapped them up.

Hyman predicts that the value of smoking paraphernalia will rise dramatically over the next ten years as smoking becomes outlawed in more and more places. So hold on to those ashtrays, lighters and cigarette boxes! —C.L.D.

Tony Hyman's book *Trash or Treasure Directory of Buyers* has more information on great deals. This 640-page resource guide provides valuable information on how and where to sell collectibles, antiques and other items ($34.95; includes shipping, handling and applicable sales tax). Send your name and street address along with a check or money order to: LHJ® Resources, Dept. L0398, P.O. Box 9381, Des Moines, IA 50306-9381. MasterCard and Visa users may call 800-763-6393. Please specify title.

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Swimming together under the stars, he made me feel he was attracted to me. But was it just my adolescent fantasy?

The Baby-Sitter

I was young, just a teen. He was older, a father, my employer and also my teacher. And what he did crossed the line

By Felicity Tremblay

Every time I hear or read about an older man who has sexually taken advantage of a teenage girl, I feel a sense of déjà vu. I'm in my thirties and happily married with children, but I was once a seventeen-year-old baby-sitter having an affair with the father of my two-year-old charge. With each new account, all the confusion and hopelessness of that time comes back to me. When Michael Kennedy died, and the media replayed the story about his alleged relationship with his family's baby-sitter, the pain surfaced again.

Despite differences in particulars, my story and that of Kennedy's baby-sitter are similar. She began working for him at twelve, according to media reports, and he soon gained her friendship and trust. Like so many adult men in similar situations, he lured her in, telling her how attractive she was. Awed and inexperienced, she probably found his behavior both uncomfortable and hard to resist.

I met the man I'll call Tom when I was fourteen and he, one of my high-school teachers, was thirty-six. I was a good student but emotionally needy, the insecure only child of troubled, long-divorced parents. Tom, too, was gifted at flattery. A few months after we met, he arranged for me to do an "independent study project" that entailed private assignments and weekly meetings alone with him in a cubicle in the school library. During those conversations, I felt a closeness that I craved with a father figure. He said I was like the daughter he'd always wanted and began inviting me to dinners at his house with his wife—sometimes with other students, increasingly by myself. Much later, when I contacted him in my twenties to try to understand how he could have justified the affair, he said his feelings for me had been sexual from the start, in his classroom. "But I was only fourteen!" I protested. To my amazement, he replied, "You were a full-grown woman at fourteen."

As was the case with Kennedy's baby-sitter, I was frequently included in Tom's family. Fifteen when his first child was born, I helped with the baby's care, much as a young aunt would. Before long I slept over at his house regularly, driving to school with Tom in the morning. I felt more at home there than with my own fragmented and inattentive family, although I sometimes found it confusing to play so many roles—mother surrogate to his child; sister surrogate to his wife; and, increasingly, quasi-girlfriend to him.

Tom was skilled at finding time alone with me. At school, he asked me to start an outdoors club for which he would be the *(continued)*

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faculty adviser. Each spring and fall, we went off for weekends of biking or skiing that included other high-school students but never his wife. On one of our trips, another girl chastised me for "acting like you and Mr. So-and-So are married." I felt shame: Deep down, I sensed she was right. Strangely, though, Tom's wife never seemed to mind.

In fact, she frequently encouraged us to be alone. "Why don't you take Matt and Felicity out for a swim?" I recall her saying to him one summer night when a classmate and I were at his house. Obediently, we changed into bathing suits, grabbed towels and went off in Tom's car to a nearby pond. Walking along a wooded path in the dark, I sensed that Matt felt he didn't belong. Reaching the pond, he swam off noisily toward the middle, while Tom lingered in the water near the shore. I splashed around nervously until Tom beckoned me over to where he held on to a pier. He was floating, face-up, beside the pier, and told me, now beside him, to do the same. "Arch back," he said. "You can see the moon." I could, but more powerfully I felt stirrings I'd never experienced before.

Part of his charm came from his inaccessibility.



A teenage girl feels safe dreaming about a much older, married man. But if he actually makes himself available, it can be frightening

In my thrilled panic, I dismissed the erotic tension as my one-sided, adolescent fantasy. I could not imagine that Tom—still Mr. So-and-So to me—might find me attractive. A pious Christian and stiff ex-Marine, he seemed above all that. Part of his charm, I realized later, came from his inaccessibility. A teenage girl feels safe dreaming about a much older, married man. If he actually makes himself available, it can be frightening.

One hot summer afternoon, I was watching Tom's son while his wife was at work and Tom was outside. The child and I were playing on the guest-room bed when I heard Tom coming up the stairs. I saw him enter the room, a strange look on his face. "Go downstairs, Teddy," he said to his son—an odd instruction to a two-year-old, but Teddy did as he was told. Tom came toward the bed, dropped down on me and pressed his lips into my face. Overwhelmed by sudden fury at him for altering forever the nature of our relationship, I tried to push him off. Prudishly, I cried, "What's that supposed to mean?" as if our intimacy could still be my fantasy.

The sex the next morning was neither tender nor sweet, and even though the relationship continued for another year, I knew it had to end the moment the sex began. I didn't understand it then but the truth was, I didn't want an affair with Tom; I wanted a family, a home, a place where I felt loved and appreciated. Extricating myself from the dream that he could give me those things took a year, because I'd grown so dependent on him. I'd cut myself off from ordinary relationships with boys my age, and to some degree even from my girlfriends, who found my obsession baffling. For several years afterward, I was seriously depressed. Partway though college, thinking that distance might help me leave Tom behind, I went abroad to study. Still, I functioned emotionally on autopilot until, at age twenty-one, I began psychotherapy—with the express purpose of freeing myself from my attachment to Tom.

Freedom came slowly. Not until I approached thirty did I believe I had a chance at such ordinary aspects of adult life as marriage and children. During those years, I considered making some kind of case against Tom. He didn't break the law—he waited to initiate sexual intercourse until after I reached the legal age of consent in the state where we lived, which is sixteen—but he violated professional ethics, according to the therapists, lawyers and experts in sexual abuse I consulted. When I saw him once in my early twenties to tell him how damaging to me the affair had been, he seemed not only unrepentant but also eager to renew it.

Soon afterward, worried that he might repeat his behavior with another student, I informed a high-school administrator. She said several students had complained about his sexually predatory remarks and then succeeded in avoiding him. (Simply by virtue of complaining, these students showed too much sophistication to be easy prey.) Without a signed report and my permission for her to use my name, she said, she could do nothing toward removing him from his position. I was loath to go public alone and face Tom's inevitable denial. My aim, after all, was to get on with my life. My parents, whom I'd now told of the affair, agreed. As my father, a lawyer, put it, "You'll always have your good name."

Over time, I've found that there are lessons amid the pain of a teenager's affair with a much older, trusted, married man. Secrets are bad for families. (My memories of the loneliness and despair I felt make it impossible to imagine having an adulterous relationship now.) The *(continued on page 101)*

It's perfectly normal for your significant other's little habits to seem more annoying when you have PMS. That incessant breathing, for example.

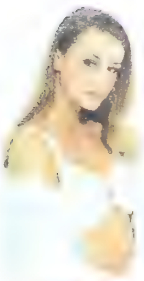


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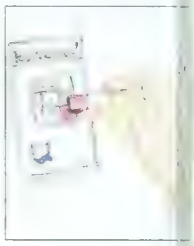


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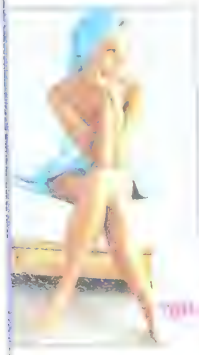
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THE BABY-SITTER

Continued from page 94

experience with Tom also taught me that things are not always what they seem: A proudly religious, law-and-order type can harbor perverted feelings, just as a smiling teenager who excels in school can be emotionally vulnerable. I am reminded of these lessons as I raise my own children, who inevitably will have their own secrets from me. Having seen what can happen when families go wrong, I am determined to keep my marriage strong and to give my children a home in which they feel cherished and secure.

Not long ago, my husband and children and I were staying in a house near my old high school. One afternoon, as I sang to our two-year-old before her nap, I looked out a window and saw a familiar figure getting into a car. It was Tom, his hair now gray. Although twenty years had passed since the affair, my first feeling was fear. Sensing something, my daughter raised her head and looked up inquiringly. "It's okay, sweetie," I told her. "I thought I saw something scary, but I was wrong. Everything's okay." When I glanced outside again, the street was empty. ●

Felicity Tremblay is the pseudonym of a [illegible] writing a book about children of divorce.

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Chris Madden's Solutions

Q I love to read in bed, but between the books, magazines and newspapers, my nightstand looks more like a cluttered newsstand. How can I simplify the mess?

A Bedrooms are for rest—not stress. You probably have more storage space than you think (and I'm not talking about stashing everything under the bed). Place an inexpensive piece of round plywood on top of your nightstand and cover it with a tablecloth. Then, display only the necessities—an alarm clock, a lamp and a few current page-turners—along with several favorite decorative items. Stash all other reading materials out of sight on the shelves below.



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Unfortunately, you can't cut a big hole in the side of your house. So, when the new oversized sofa you ordered gets jammed in the door, there's nothing to do but send it back, right? Not anymore. Now stores such as Jennifer Convertibles and Krause's Custom Crafted Furniture offer a disassembly service; for a fee (around $125), the piece can be taken apart, then rebuilt inside. Other companies make it easy for you to do the rebuilding. La-Z-Boy's and Action Lane's popular recliners come in two separate easy-to-assemble pieces. Simply Together, a consumer direct manufacturer (800-424-1304), offers sleepers, sofas and chairs ($415 to $585) that come in five pieces and take less than ten minutes to put together. —Corinne L. Domingo



What's the smartest way to spend ten grand? According to a *Kitchen & Bath Business* magazine survey, consumers say that remodeling a kitchen and bathroom is a better value than buying furniture, jewelry or a new car or even taking a luxury vacation.

Kitchen Catchall

Your kitchen counters don't have to look like a disaster area just because you prefer to keep basic tools and ingredients conveniently on hand. Contain the clutter by arranging items like oil and vinegar bottles, salt and pepper shakers, whisks and wooden spoons in a large container, like this copper fish-poacher. They'll still be within reach, and kitchen cleanup will be considerably quicker.



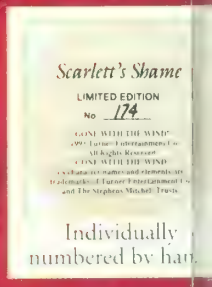
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Sisters Linda (left), An (center) and Kathy cuddle the fruits of th labor: baby Jimmy. An donated the egg; Kath was the surrogate. Below, Jimmy today



Three Women And A Baby

When Linda Mack couldn't have a child of her own, her sister and sister-in-law pitched in to help make her a mom.

By Andrea Gross

Ask Jimmy Mack where he came from and the precocious five-year-old doesn't bat an eyelash. "I grew from Aunt Ann's egg and in Aunt Kathy's tummy," he says matter-of-factly.

His mother, Linda Mack, forty-one, a part-time business manager in Bandon, Oregon, gives him a hug. "Can you imagine the look on his teacher's face when Jimmy explains *this* during a sex education class?" she asks with a laugh.

Then she turns serious. "*My* sister is Jimmy's genetic mom. She donated the egg, which was fertilized in vitro by my husband's sperm. *His* sister is the surrogate mom; she carried the fertilized egg to term. And *I'm* the real mom, the one who's raising Jimmy," she says. "An awful lot of people cooperated to get this little boy here. He shows what family is all about."

Shattered dreams

Linda first learned that she'd never be able to bear children in 1978, when she was twenty-one. She went to the doctor suffering from extreme pelvic pain and was diagnosed with severe endometriosis. The lining of her uterus was invading her abdominal cavity. Although the pain can usually be controlled with medication or hormone treatment, Linda's case was so serious that the doctor warned he might have to perform a partial or complete hysterectomy.

All Linda could think about was ending the pain. "Do whatever you have to do," she said.

But as her mother drove her home, the impact of the doctor's words hit. "I sat in the car just crying my eyes out," she remembers. "But my mom is this amazing cheerleader. She kept going on and on about how positive my life was still going to be."

Her mother was by her side when she awoke from the anesthesia. "Linda," she said, "they had to take everything, but it will be okay. You're not going to hurt anymore."

Linda's boyfriend assured her that he loved her more than ever, and they agreed to announce their engagement two weeks after she came home from the hospital. Her mother planned a big party.

Then the bickering started. Her boyfriend became increasingly irritable and hard to please. The night before the party, he pushed Linda and sent her flying backward onto the ground. "What's got into you?" she cried as she got up.

The hurtful words burst forth: "How do you think I feel knowing I can't have kids?"

Stunned, Linda turned and walked away.

To try to forget his betrayal, she immersed herself in school and work. "I was very standoffish with men," she says. But Jim Mack, a twenty-two-year-old well driller whom she'd met through a friend, pursued her anyway. *(continued)*


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"Look," she said on their second date, "if you expect to see children on this earth that look like you, you'll have to find another girl."

"*If* we ever get serious about each other and *if* I ever decide to get married," said Jim, "I hope it would be because I love you, not because you can give me children!"

After dating for a year and a half, the couple was married on June 6, 1981, in a double wedding with Linda's older sister, Ann, and Ann's fiancé, Joe Scacco. Jim's sister, Kathy, was Linda's maid of honor.

In 1983, the Macks signed up with two adoption agencies. "We don't care what age or race it is," Linda told the social workers. "We just want to be parents."

Four years later, they were still waiting. In 1988, when Jim heard there was a well-drilling business for sale in Bandon, a small town on the Oregon coast, he and Linda grabbed the chance, thinking it might be easier to adopt in Oregon.

They started all over again, registering with agencies, attending meetings, filling out endless paperwork. They watched TV programs about children who needed homes, made phone calls, struggled to describe themselves in words and pictures that would appeal to a birth mother. They even signed up with an attorney who specialized in adoption placements. Still, no one had a child for them.

Finally, a neighbor heard about a woman in her twenties who was two months pregnant with twins and looking for an adoptive family. "Are you interested?" she asked. "Absolutely!" Linda and Jim said.

A few weeks later, they drove to Montana to meet Jennifer*, the birth mother. The visit went so well that Jennifer came to Oregon to see the Macks at home. At Linda's insistence, the young woman watched the movie *Immediate Family*, about a birth mother who has second thoughts about her promise of adoption. "Don't worry, Linda," said Jennifer. "You and Jim are better prepared to be parents than I am."

Thrilled that their dream was about to come true, the couple chartered a plane so they could be at the hospital when, in July 1991, the twin boys were born. Six days later, Jennifer, who was still in the hospital recovering from her cesarean, suddenly called and asked Linda to visit her. "I have something to tell you," she said.

Linda immediately feared the worst—and her instincts were right: "I'm going to keep the boys," Jennifer told her.

Linda felt her knees buckle. "Those were *my* babies!" she says. Even now, seven years later, tears roll down her cheeks.

"Never in my lifetime will I be able to let Ann and Kathy know how much they've done for us," says Linda. "They made us whole"

Sister act

Kathy Huemann, Jim's sister, was devastated when she heard what had happened. She had always been particularly close to Jim, just three years her senior. "There weren't many kids in our neighborhood, so we played together a lot," says Kathy, thirty-eight. The mother of four children, Kathy had felt terrible each time she phoned Linda and Jim with news of yet another pregnancy.

Inspired by the story of Arlette Schweitzer, a mother who in 1991 had undergone in vitro fertilization and carried twins for her daughter (who had been born without a uterus), Kathy and her husband, Joe, had discussed doing the same thing for their sister-in-law.

Now, hearing the hopelessness in Linda's and Jim's voices, Kathy knew it was time to act. Joe told her he approved of the idea as long as her doctor agreed.

Kathy decided not to consult her physician until after she approached Jim and Linda. She flew to Oregon with her two daughters, Linda, now fourteen, and Teresa, eight, for a weeklong visit.

Meanwhile, Linda was having a very difficult time coping with the loss of the twins. As she drove to the airport to pick up her sister-in-law and nieces, she was overcome by feelings of rage and frustration. "I've always heard if you cry out to God, He'll answer," says Linda. "I just started screaming, 'I'm crying out now, God. Do You hear me? I have filled out forms, I have paid money, I have done everything I can think of. What more do You want from me?' "

Her rage subsided, but for the next week, as she watched her nieces play, Linda was overwhelmed with sadness. Was this as close to being a mother as she was ever going to get?

Kathy waited until the end of the trip to make the incredible offer. "I didn't want to say anything earlier," she explains, "because I didn't want *me* to be the center of attention. And I knew they'd need time by themselves to discuss it."

She gave Linda a big hug at the airport. "You know," she said casually, "if I could help you by carrying a baby, just let me know." Then she dashed off to board the plane, leaving Linda and Jim wondering if they had heard correctly.

Kathy couldn't donate the egg because her brother, Jim, would be contributing the sperm. But in any case, she says she could never bring herself to be an egg donor. "This wasn't my [genetic material] so I had no attachment to it. I was just babysitting," she explains.

On the drive home *(continued)*

*Name was [illegible]

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from the airport Linda and Jim were quiet, afraid to hope again. "If we do this," said Linda finally, "the egg donor has to be someone who won't change her mind." That night, she called her sister, Ann.

"Yes!" said Ann without hesitation. "I can do that."

After the incident with the twins, Ann says, "it was enough is enough. I didn't want them to be in a position of ever again having to trust anybody outside of the family."

Several years earlier, Ann had actually considered being artificially inseminated by Jim and carrying the baby for her sister, but she'd ultimately rejected the idea. "I could not give birth to a part of myself and then say good-bye," she says. "I don't have an emotional attachment to just eggs. I don't see them as different from any of the other cells in my body. But if I'd carried the baby, it would have become mine."



A family get-together: Ann (front, center) and her sons John and Joey (left) visit with Cheryl Ann, Jim, Linda and Jimmy

Shelley Tarnoff, M.F.C.C., an Oakland, California, psychotherapist and attorney who specializes in adoption and surrogacy, says women who are willing to contribute to someone else's pregnancy usually fall into two camps: those who will donate eggs and those who will act as a surrogate. Linda was extremely lucky to find one of each.

Ann's two sons, then aged ten and six, were in school all day, giving her time for shots and doctor appointments. She and her husband didn't plan on having more children. "Is it okay with you?" she asked Joe. After some discussion, he agreed.

The more she thought about it, the more Ann became convinced that this was the right thing to do. "Kathy and I did what our minds and values allowed us to do," she says. "Each of us gave what we could."

A labor of love

With fingers crossed, an overjoyed Linda began the search for a doctor. She quickly learned that many physicians considered Ann, who was then thirty-eight, too old to be a good egg donor and Kathy, with her history of C-sections, a poor risk as a surrogate. But Geoffrey Sher, M.D., executive medical director at the Pacific Fertility Medical Center, in Los Angeles, didn't foresee any problems. "We'll just take one hurdle at a time," he said reassuringly.

The campaign for Baby Mack had begun. Jim took a sperm test, and Ann and Kathy were deemed healthy by their own obstetricians and psychologically sound by psychologists at the fertility center. Linda flew to Illinois and spent a couple of weeks giving Ann daily hormone shots to stimulate her ovaries to produce multiple eggs. Kathy took shots that would prepare her uterus to receive the embryos. "Their cycles had to be coordinated, so that they were almost like one person," explains Linda.

There were, inevitably, some bad moments. On occasion, Ann and Kathy both wondered if they had been crazy to volunteer their bodies. Ann's worst time came during the egg retrieval. She had hyperstimulated, producing an astonishing twenty-plus eggs.

Geoffrey Sher, meaning to reassure her, explained that this would once have been a life-threatening situation—possibly leading to kidney and heart failure—but that doctors had learned how to eliminate the risk b stopping the fertility drugs and carfully monitoring the woman's hormone levels. Ann heard only th words "life-threatening," and pa icked. "My God," she cried, gra bing Linda's hand. "I don't want *die* for you!"

For Kathy, one of the harde parts of the whole experience was b ing away from her family. She had travel to California twice, once f the psychological evaluation and on for the implantation. Then there w her impending cesarean. "It hit n about a week before," she says. turned to my husband and said, 'O my gosh, we're going for the fifth section! I hope everything turns o okay.' You do worry a little bit, but think that's normal."

Linda and Jim were very awa that there could be unforeseen co sequences to what their sisters we doing. On the remote chance the might be complications, they toc out a life-insurance policy on An and Kathy to protect their familie "If anything had happened, w would never have forgiven ou selves," says Linda.

The sisters knew that they were, more ways than one, putting all the eggs in one basket. If the procedu didn't work, Linda and Jim didn have the money to try it again. Whi Kathy's medical insurance paid f her pregnancy and delivery, th Macks were responsible for all of th expenses prior to that—those relate to the egg donation, retrieval and implantation as well as all airline flight hotel stays and phone calls—whic came to approximately $30,000. Th couple put the bills on six cred cards and refinanced their home.

But their sacrifices paid off. Thr days after Ann's eggs were harveste and mixed with Jim's sperm, Sh announced that seven were "goo possibilities." He recommended im planting no more than four, the ma imum that he felt it was safe f Kathy to carry. But Kathy wanted increase their chances for success, Sher implanted five eggs.

For the next few months *(continue*

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3 STIR in rice and broccoli. Top with chicken; cover. Cook on low heat 5 minutes.

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Linda was on a roller coaster of exhilaration and anxiety. She was thrilled when, ten days after the implant, she learned Kathy was pregnant, but worried that there were too many embryos. At four and a half weeks, she was elated to learn there was just one baby, but was nervous that something would still go wrong. Finally, at twenty weeks, Joe sent Linda and Jim a videotape of Kathy's visit to her doctor. When she listened to the baby's heartbeat and saw the ultrasound picture, Linda burst into tears of joy and relief. "Finally we were pregnant," she says, unconsciously using the plural.

"Kathy and I did what our minds and values allowed us to do," says Ann. "Each of us gave what we could"

From the beginning, Kathy and Joe did everything they could to make sure that Linda and Jim shared the pregnancy. They ran up huge phone bills as they reported in after every doctor appointment and related each milestone. But, by mutual consent, the couples didn't talk *too* often. "That would have made the time go too slowly," says Linda. "I had to keep busy with other things."

Kathy and Joe kept only one secret: They didn't tell Linda and Jim that the baby was a boy. "We wanted it to be a surprise," says Kathy. She explained to her children that she was pregnant, but the baby belonged to Aunt Linda and Uncle Jim. They called the baby "Cousin It."

The C-section was scheduled for January 14, 1993. At five A.M., Linda and Jim, who had arrived from Oregon a few days earlier, accompanied Kathy and Joe to Good Shepherd Hospital, in Barrington, Illinois. "Who's the father?" asked the admissions nurse. Jim raised his hand.

"Oh, so you're Mr. Huemann," the nurse said.

"No, I'm Mr. Mack, her brother." The two couples started laughing as Joe explained the convoluted relationships. "The nurses were wonderful," says Kathy. "They let everybody in the delivery room."

As Linda and Jim, videocamera in hand, watched from a vantage point near Kathy's head, Thomas Meyer, M.D., delivered a seven-pound-twelve-ounce boy. Linda cried out delightedly: "Oh, Kathy, I'm the happiest woman in the whole world!"

From the very first, Linda and Jim were in charge of the baby. "There was no letdown," says Kathy. "It was nice when they took him and I could regroup."

But according to the state of Illinois, Kathy was legally the baby's mother and Joe, as her husband, was his father. Neither Ann nor Jim, the genetic parents, had any rights. (Laws vary from state to state.) Before Linda and Jim could take Jimmy home, a social worker talked to Kathy to make sure she was willing to relinquish him. Linda walked in the room as the woman left and saw Kathy in bed, an unhappy expression on her face. Linda felt dizzy; was Kathy going to change her mind?

Kathy looked up. "I hate green gelatin," she said, pointing to her food. "Why don't they serve red?"

Linda laughs as she tells the story. "I realized it wasn't a look of concern or doubt about the baby. I told myself to stop being neurotic!"

On July 16, 1993—after a legal waiting period was over—Linda and Jim formally adopted James Alan Mack, Jr.

Family matters

But the story doesn't end there. On July 20, 1994, the Macks received a surprise phone call from one of the adoption agencies they had registered with years ago. An unwed teen mother was about to deliver a baby girl and had selected Jim and Linda to be the parents. The Macks were stunned—and thrilled.

Jimmy is now a protective olde brother—so protective, in fact, tha last year his preschool teachers ha to tell him to give three-and-a-hal year-old Cheryl Ann enough space t make her own friends. The two shar many interests, including a love o the outdoors. Jimmy especially enjoy fishing with his dad.

He also has a sweet tooth. When h walks into the room and takes a piec of chocolate, Ann, who is visiting Ore gon with her own two boys, reache over and ruffles his hair. "That come from me," she says with a smile. "I'r a chocoholic." And he loves ic cream, says Kathy, because "I fed hir Dairy Queen for nine months."

Busy lives—and the fact that Lind and Jim live halfway across the coun try—keep the three sisters from get ting together as often as they'd like Linda phones Ann and Kathy abou once a month. But, she says, "W don't talk with each other just be cause of this one event. I call [m sisters] because I would have calle them anyway, because I love them."

She pauses and adds, "The mos wonderful part of this was seein how much our family loves us, tha they would go to these lengths t make sure we were happy. Never i my lifetime will I be able to let An and Kathy know how much they'v done for us. They made us whole."

For their part, Kathy and Ann sa they adore Jimmy but insist that hi claim to their hearts is similar to tha of their other nephews and nieces Their children also take the whol thing in stride. "It's real natural fo them," says Ann. "It's not a big dea in their minds, one way or another."

It's not a big deal for Jimmy, either Linda says she's prepared to answe all his questions, but he isn't particu larly interested. These days, when h gets confused by talk of eggs an sperm and petri dishes, Linda and Jir simply tell him, "We all come into th world in different ways." ●

Andrea Gross is a contributing editor to Ladies' Home Journal.

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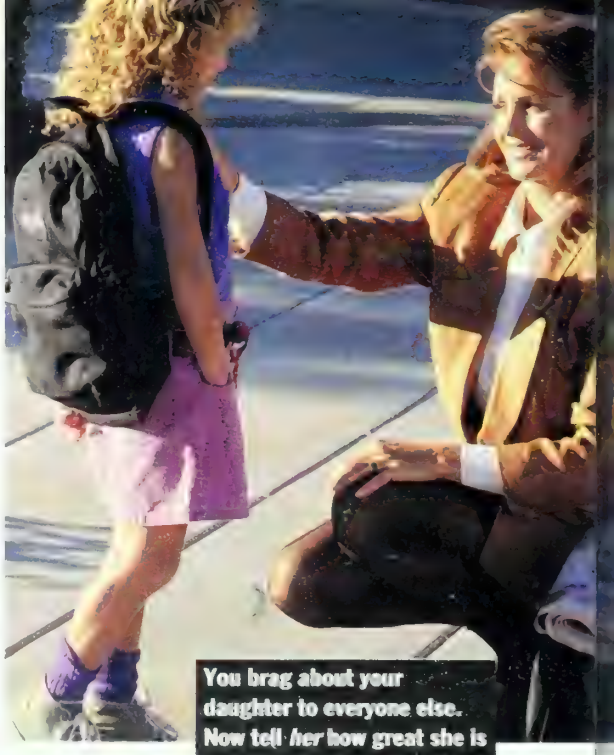
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Spread the word

Give a kid an ego boost this month by participating in the second annual Absolutely Incredible Kid Day, sponsored by Camp Fire Boys and Girls, a nonprofit youth development organization based in Kansas City, Missouri. Their goal for the March 19 event is for every child in America to receive a surprise letter, tucked inside a backpack, book, or even sent via E-mail. Tell your child all the reasons that you're proud of her. Make it concrete—not empty praise—by reminiscing about your child's accomplishments and mentioning her particular talents. "What a powerful experience for a child to open a letter that tells her she's incredible," says Judy Thompson, director of program and council services for the Camp Fire Boys and Girls.

—Elizabeth Meyers



You brag about your daughter to everyone else. Now tell *her* how great she is

"Mommy, what's homelessness?"

Even eloquent grown-ups get tongue-tied when trying to explain this delicate subject to a curious child. But with 400,000 families with children making up the majority of the homeless population, the sad reality is hard to avoid. To help, Ralph da Costa Nunez, Ph.D., president of Homes for the Homeless, a nonprofit shelter and education facility headquartered in New York City, wrote the children's book *Our Wish* (Institute of Children and Poverty, 1997; $4.95). The narrative tells the story of a family of bunnies who lose their home when a tractor uproots their rabbit hole. Like many other real-life homeless, the bunnies survive with a little help from their community. All proceeds from the book go toward the Homes for the Homeless initiative. Call 212-529-5252. —Aimee Kendall

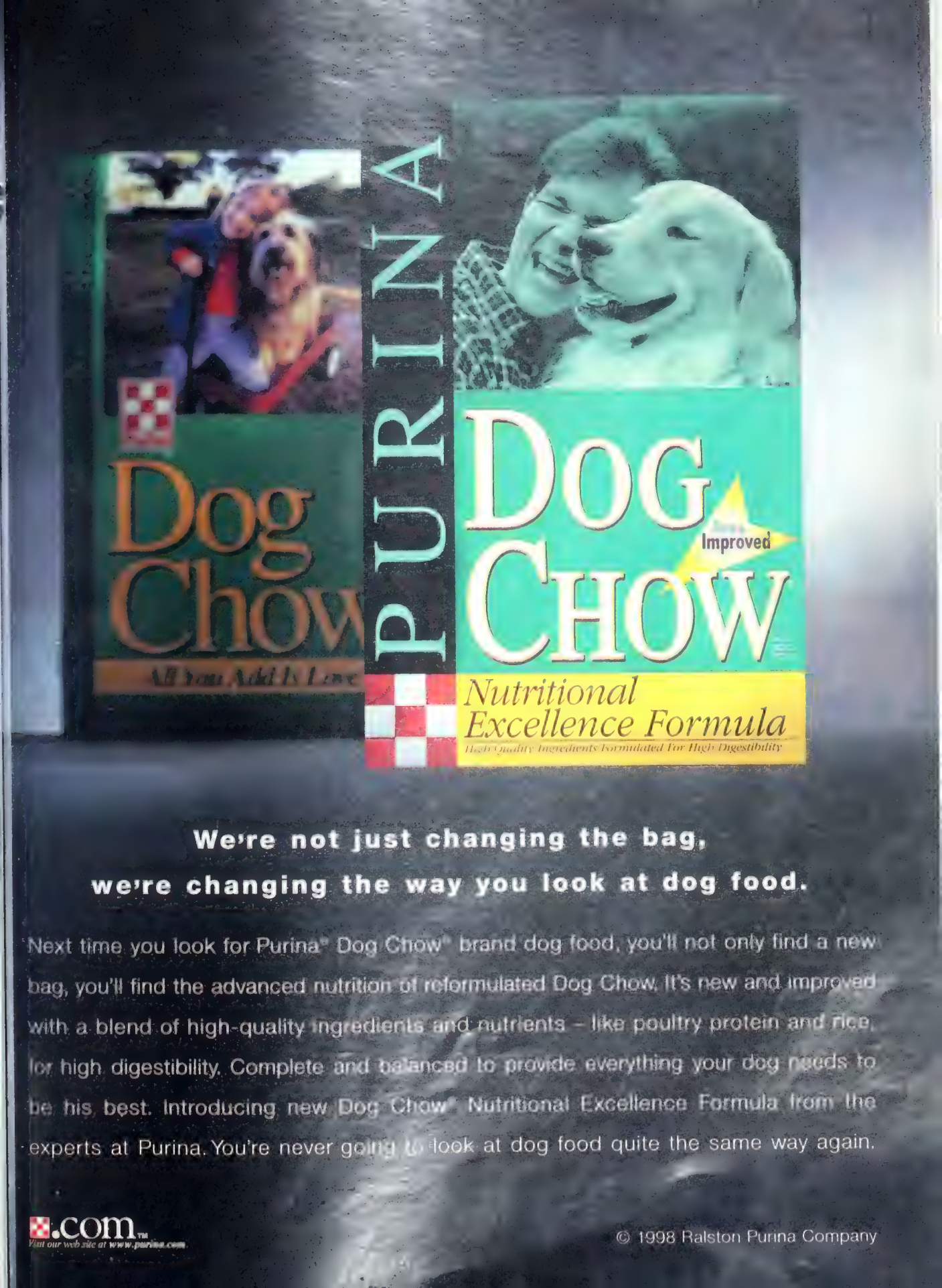


Dealing With A Long Distance Caregiver

Your sister's job has taken her out of state, leaving you with the task of caring for your parents as they age. But now that you have the brunt of the burden, how can you head off feelings of frustration and resentment? According to Tom Humphrey, executive director of Children of Aging Parents, a national support network based in Levittown, Pennsylvania, you can take some pressure off yourself by keeping your long-distance siblings involved. Instead of dwelling on what they *can't* do to help, make a list of reasonable duties you *can* delegate, suggests Humphrey—for instance, long-distance siblings can file insurance claims. "Chances are, your siblings sincerely don't know what to do to lend a hand, and will appreciate a specific suggestion," he says. At the very least, request that your siblings check in regularly with you and your parents. They'll be less likely to knock your caregiving if they're included in the decision-making. —A.K.

ISN'T IT ROMANTIC?

You and your husband may not always feel lovey-dovey at the same time, but when it comes to what sparks the passion, you probably see eye to eye. According to a poll by Roper Starch Worldwide, for both sexes, sending or receiving long-stemmed roses, going somewhere special for the weekend and dining out by candlelight top the list of romantic gestures.



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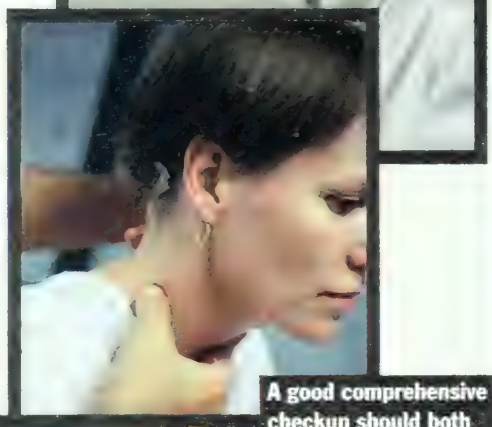
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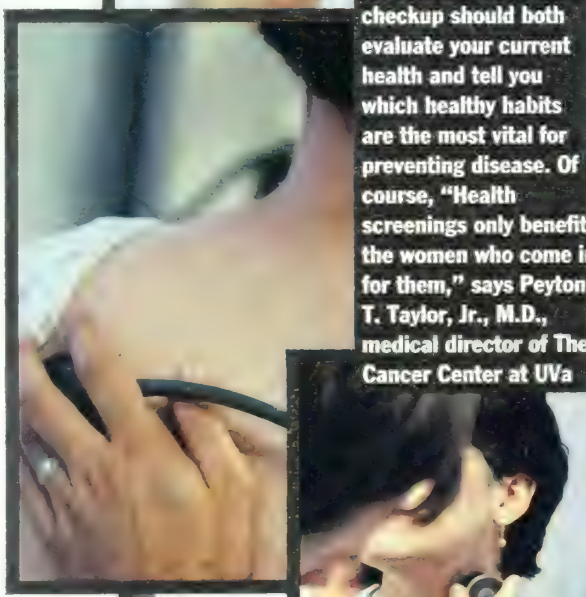
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THE TOWN THAT GOT HEALTHY

Ladies' Home Journal teamed up with the University of Virginia to give Charlottesville readers a checkup. Here, what they learned—and what you need to know. By Constance Costas

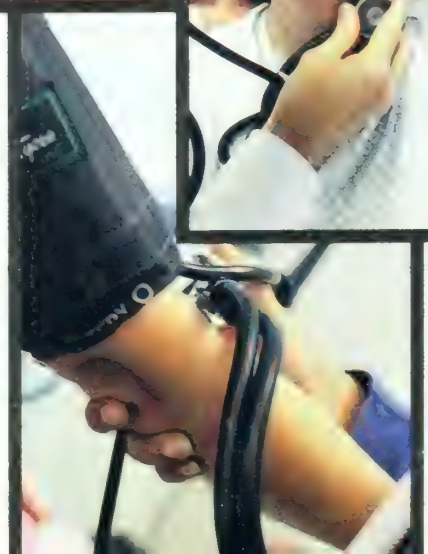






A good comprehensive checkup should both evaluate your current health and tell you which healthy habits are the most vital for preventing disease. Of course, "Health screenings only benefit the women who come in for them," says Peyton T. Taylor, Jr., M.D., medical director of The Cancer Center at UVa





When it comes to health, women are smarter and more in control than ever. We've come a long way since the catchphrase "female problems" covered everything from breast cancer to menopause—and they were discussed in hushed tones, if at all. We've lobbied to include women in disease research. We've challenged our doctors to address alternative therapies. And we've expanded our definition of healthy: Once we were satisfied with just an "absence of disease," but now we strive for physical, emotional and spiritual well-being—at every age.

For 115 years, *Ladies' Home Journal* has provided tools women need to make the most of their lives. We have celebrated the power of women, including their roles as caregivers for themselves and their families. In tribute to LHJ's anniversary and the progress women have made in protecting their health, we offered a gift of health to fifty readers in Charlottesville, Virginia—a scenic town with cutting-edge medical facilities. The women received head-to-toe health screenings at *(continued)*

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No not the garnish, the nuggets. Go on, help yourself. With 75% less fat per serving than regular chicken nuggets, Morningstar Farms® Chik uggets™ let you snack away without the guilt. If you like the taste of regular chicken ggets, you'll love our nuggets. Just heat and serve. Great tasting, meat free, quick, sy and healthy. Remember, when you help yourself to Morningstar Farms, you ally are helping yourself. Look for Chik Nuggets in your grocer's freezer.

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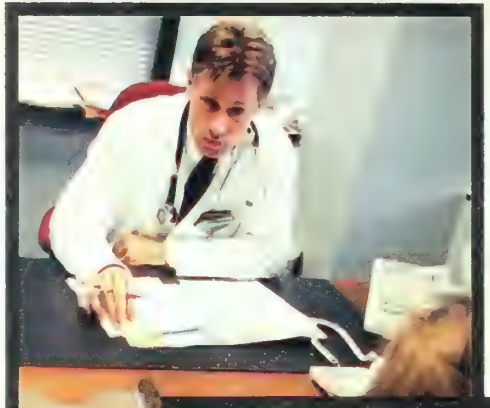
SPECIAL REPORT

(continued) the Institute for Quality Health at the University of Virginia (UVa) Health Sciences Center, one of the country's finest hometown hospitals.

Our fifty participants are a lot like you: Their ages ranged from twenty-seven to fifty. They accepted our invitation for a variety of reasons. Some took part because their health insurance failed to cover necessary tests like mammograms. Others confessed they hadn't had a comprehensive checkup in years. And a few were well informed about their health but still wondered if they could find ways to integrate better health habits into their busy lives. (They did.)

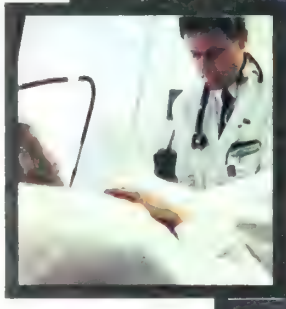
But we didn't stop there. Next, we assembled UVa's top experts on women's health and invited the whole town to a daylong Women's Health Conference. There, experts discussed everything from cancer genetics to diabetes, heart disease, mammography, depression, menopause, energy healing and more. Our audience even got a sneak preview of some medical developments on the horizon. The icing on the cake? *Ladies' Home Journal* joined with the UVa Health Sciences Center to offer everything—both our readers' checkups and the conference—for free.

Find out what our "Healthy Fifty" learned from their screenings. And discover how to protect *your* health.





Three things determine the best strategy for preventing the illnesses you are most at risk for: your personal and family medical histories and your lab results. Together they tell doctors which tests you need and when





OUR PANEL OF EXPERTS FROM UVA HEALTH SCIENCES CENTER

Reid Adams, M.D., gastrointestinal cancers. Lora Baum, Ph.D., emotional health. Madeleine Chandler, M.S.N.,R.N., substance abuse. Alan Dalkin, M.D., osteoporosis. Carolyn Engelhard, M.P.H., health policy. Laurie Fajardo, M.D., mammograms and other screening. Dearing Johns, M.D., women's cardiovascular health. Susan Kirk, M.D., diabetes. Susan Miesfeldt, M.D., cancer genetics and breast cancer. Marcia Moore, M.D., high-risk breast cancer. R. Michael Morse, M.D., family health. JoAnn Pinkerton, M.D., women's health and midlife health. Christopher Rembold, M.D., preventive cardiology and hypertension. Craig Slingluff, M.D., skin cancer. Peyton T. Taylor, Jr., M.D., gynecologic cancers.

AMERICAN CANCER SOCIETY



Fight cancer. Fight harder.

cancer this year. Yet the majority of cancers in the U.S. are related to diet. The American Cancer Society recognizes that low-fat, high-fiber diets rich in fruits and vegetables containing nutrients like vitamin C may reduce the risk of some types of cancer. 100% pure Florida orange juice is an excellent source of vitamin C and, as part of this type of cancer-fighting diet, 100% pure Florida orange juice

FIVE CASES UP CLOSE



Last year, Jane Guarini gave birth to her first child, a healthy baby boy. "I knew I'd have a baby someday; I just didn't know when," says Jane, a registered nurse who waited until her forties to marry. "Every time I went for my annual checkup, I'd ask my doctor if it was too late."

Jane's pregnancy went smoothly, but older mothers do face greater risks. "By age forty-five, you have a forty to fifty percent chance of miscarriage," says JoAnn Pinkerton, M.D., director of The Women's Place: Midlife Health Center at UVa.

Doctors know that giving birth before age thirty reduces a woman's risk of breast cancer later on. But it's not clear whether older mothers enjoy the same health benefit.

What *is* clear: "The emotional issues. You may have a toddler at home while you're coping with the symptoms of menopause," says Pinkerton. These symptoms can begin around age forty-five and last for five or even ten years.

For Jane, staying healthy has taken on a deeper meaning. "I'm taking exercise and nutrition more seriously now," she says. Since her screening, she's made small changes in her eating habits (pizza is now an occasional treat). She dropped five pounds the first month after the tests. For exercise, she puts the baby in a backpack and walks her hilly neighborhood.

"It's not enough to be around for my son; I want to be an active mother," she says. "He's only ten months old, so I have a long way to go."

THE HEALTHY 50

The checkup results for our Charlottesville readers

■ Compared to the national average, six women we tested had nearly double the risk of heart disease—and they share some common high-risk traits: None of them exercises. Two thirds smoke cigarettes. Half are overweight. And one third have a family history of heart disease.

"You can't escape your genes, but you can see if your parent or grandparent who had heart disease also had other risk factors, such as smoking, obesity or diabetes—things that they didn't change but *you* can," says Dearing Johns, M.D., cardiovascular director of The Women's Place: Midlife Health Center at UVa.

■ Nine of our fifty women are at increased risk for colon cancer (more, even, than for heart disease). Risk factors include having a close relative (parent, sibling or child) with the disease or having a history of colon polyps, smoking, eating too much fat and not enough fiber and not exercising. Symptoms like a change in bowel habits, dark stools or blood in the stool should always be checked by a doctor.

■ The number-one cause of cancer deaths in women is lung cancer (breast cancer follows at number two). Fortunately, 88 percent of our fifty participants are nonsmokers. And among the 12 percent who *do* smoke, all said they would like to quit.

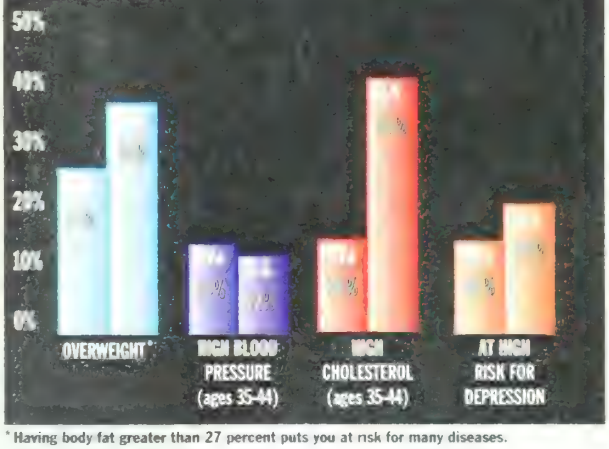
■ It's estimated that 20 percent of women will have an episode of depression in their lives. Among our participants, 16 percent show a ten-times-higher-than-average risk of depression. When asked "In general, how satisfied are you with your life?" those women who responded "not satisfied" were assigned an elevated risk status. Other threats to mental health include two or more major life shake-ups in the past year (stressful events like job loss, divorce or a death in the family).

■ The top stress-makers? There was a tie for first place: Forty-six percent of our women cited work as a major source of stress. And 46 percent ranked family as a key stress-producer. Money came in close behind, with 38 percent of the women naming money concerns as a top stressor.

■ While only one participant has diabetes, twenty-one others are at moderate risk of developing the disease. By making healthy lifestyle changes, these women at risk may be able to avoid the disease. "Diabetes can be prevented," says Susan Kirk, M.D., assistant professor of research at the UVa Health Sciences Center and a diabetes expert. "The most effective and proven ways to prevent the disease are diet and exercise." ▶

UVa vs. U.S.A.

Here, how our fifty Virginia women compare with the average for women in all fifty states. (All U.S. numbers are for women ages 20 to 50 unless otherwise noted.)



*Having body fat greater than 27 percent puts you at risk for many diseases.

MAYBE IT'S SUNBURN.
MAYBE IT'S SKIN IRRITATION.
MAYBE IT'S AN ALLERGY.
MAYBE IT'S ACNE.
MAYBE IT'S ROSACEA.



Persistent redness or flushing in the middle areas of the face. Broken blood vessels. Acne-like bumps. These are all symptoms of rosacea—a skin condition that affects over 13 million Americans middle-aged and old

Rosacea symptoms may come and go, but without treatment, they may get worse over time. Over-the-counter medications may help temporarily, but to really get your rosacea under control you need to see a doctor.

So don't wait. **Talk to a dermatologist today.** And when you do, ask about MetroCream™ or MetroGel®, the #1 doctor prescribed topical rosacea medication.

In clinical trials, patients experienced the following ... side effects in order of frequency: skin discomfort (burning and stinging), redness, skin irritation, itching, or worsening ... rosacea. The total incidence of side effects was approximately [illegible]

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INDICATIONS AND USAGE:
[illegible] METROCREAM Topical Cream are indicated for topical use in the treatment of [illegible] lesions of rosacea.

CONTRAINDICATIONS:
[illegible] METROGEL Topical Gel and METROCREAM Topical Cream are contraindicated in individuals with a history of hypersensitivity to [illegible] or other ingredients of the formulation.

PRECAUTIONS:
General:
Topical metronidazole has been reported to cause tearing of the eyes. Therefore, contact with the eyes should be avoided. [illegible] Should irritation occur, patients should be [illegible] the medication less frequently or [illegible] use. Metronidazole is a nitromidazole and should [illegible] care in patients with evidence of [illegible]

Information for patients:
These medications are to be used as directed by the physician. They are for external use only. Avoid contact with the eyes.

Drug interactions:
Oral metronidazole has been reported to potentiate the anticoagulant effect of warfarin and coumarin anticoagulants, resulting in a prolongation of prothrombin time. The effect of topical metronidazole on prothrombin time is not known.

Carcinogenesis, mutagenesis, impairment of fertility:
Metronidazole has shown evidence of carcinogenic activity in a number of studies involving chronic, oral administration [illegible] and in studies involving hamsters.

Metronidazole has shown evidence of mutagenic activity in several *in vitro* bacterial assay systems. In addition, a dose-response increase in the frequency of micronuclei was observed in mice after intraperitoneal injections, and an increase in chromosome aberrations has been reported in patients with Crohn's disease who were treated with 200-1200 mg/day of metronidazole for [illegible] 24 months. However, no excess chromosomal aberrations in circulating human lymphocytes have been observed in patients treated for 8 months.

Pregnancy: *Teratogenic effects: Pregnancy category B*
There are no adequate and well-controlled studies with the use of METROGEL Topical Gel or METROCREAM Topical Cream in pregnant women. Metronidazole crosses the placental barrier and enters the fetal circulation rapidly. No fetotoxicity was observed after oral metronidazole in rats or mice. However, because animal reproduction studies are not always predictive of human response and since metronidazole [illegible] carcinogen in some rodents, this drug should be used during pregnancy only if clearly needed.

Nursing mothers:
After oral administration, metronidazole is secreted in breast milk [illegible] in concentrations similar to those found in the plasma. Even though blood levels with topically applied metronidazole are significantly lower than those achieved after oral administration, a decision should be made whether to discontinue nursing or to discontinue the drug, taking into account the importance of the drug to the mother.

Pediatric use:
Safety and effectiveness in pediatric patients have not been established.

ADVERSE REACTIONS:
In controlled clinical trials, the total incidence of adverse reactions associated with the use of METROCREAM Topical Cream was approximately 10%. Skin discomfort (burning and stinging) was the most frequently reported event followed by erythema, skin irritation, pruritus, and worsening of rosacea. All individual events occurred in less than 3% of patients.
The following adverse experiences have been reported with the topical use of metronidazole: burning, skin irritation, dryness, transient redness, metallic taste, tingling or numbness of extremities, and nausea.

DOSAGE AND ADMINISTRATION:
Apply and rub in a thin film of METROGEL Topical Gel or thin layer of METROCREAM Topical Cream twice daily, morning and evening, to entire affected areas after washing with a mild cleanser.

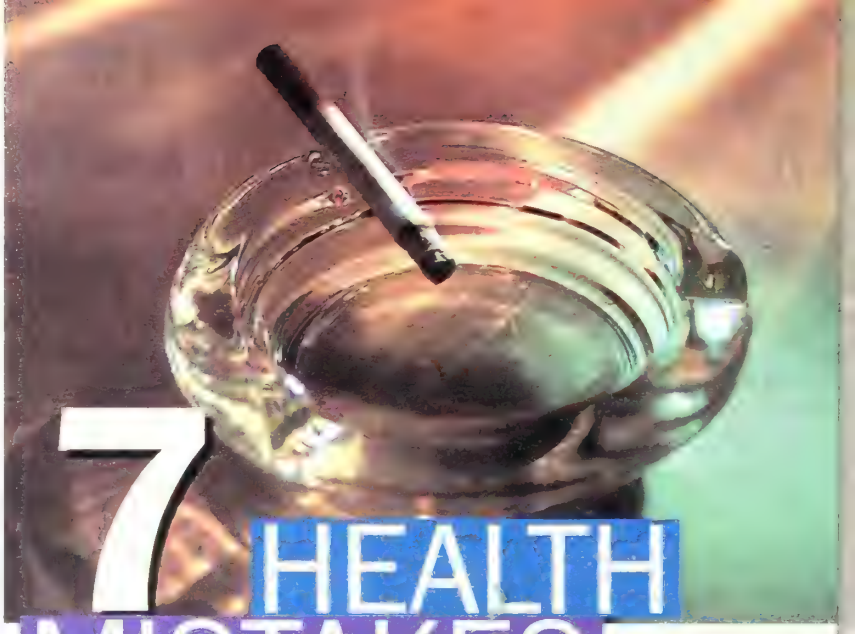
HOW SUPPLIED:
METROGEL Topical Gel (0.75% metronidazole) is supplied in a 1 oz. (28.4 g) aluminum tube - NDC 0299-3835-28 and a 45 g aluminum tube - NDC 0299-3835-45.
METROCREAM Topical Cream (0.75% metronidazole) is supplied in a 45 g aluminum tube - NDC [illegible]

Storage conditions: STORE AT CONTROLLED ROOM TEMPERATURE 59° to 86°F (15° to 30°C).

Caution: Federal law prohibits dispensing without a prescription.

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July 1996



7 HEALTH MISTAKES WOMEN MAKE

Lighting up

We all know the dangers. Still, almost 23 percent of American women smoke cigarettes. "Each year, smoking causes more deaths in the United States than AIDS, alcohol, automobile accidents, fires, homicides, illicit drugs and suicide . . . *combined*," says Vivian Pinn, M.D., director of the Office of Research on Women's Health at the National Institutes of Health, in Bethesda, Maryland. Those deaths are totally preventable; all you have to do is not smoke.

For women, lung cancer is the number-one cause of cancer death. And women who take birth control pills and smoke increase their risk of stroke and heart attack as well.

Missing checkups

You can't treat a disease without a diagnosis. The routine tests included in regular checkups improve your chance of detecting a disease in the earliest stages. For example: "Half of American women just diagnosed with cervical cancer have never had a single Pap test," says Peyton T. Taylor, Jr., M.D. "And most of the cervical-cancer deaths come from unscreened patients." (See "What Tests You Need . . . And When to Start," on page 136, for a guide to the most important checkups.)

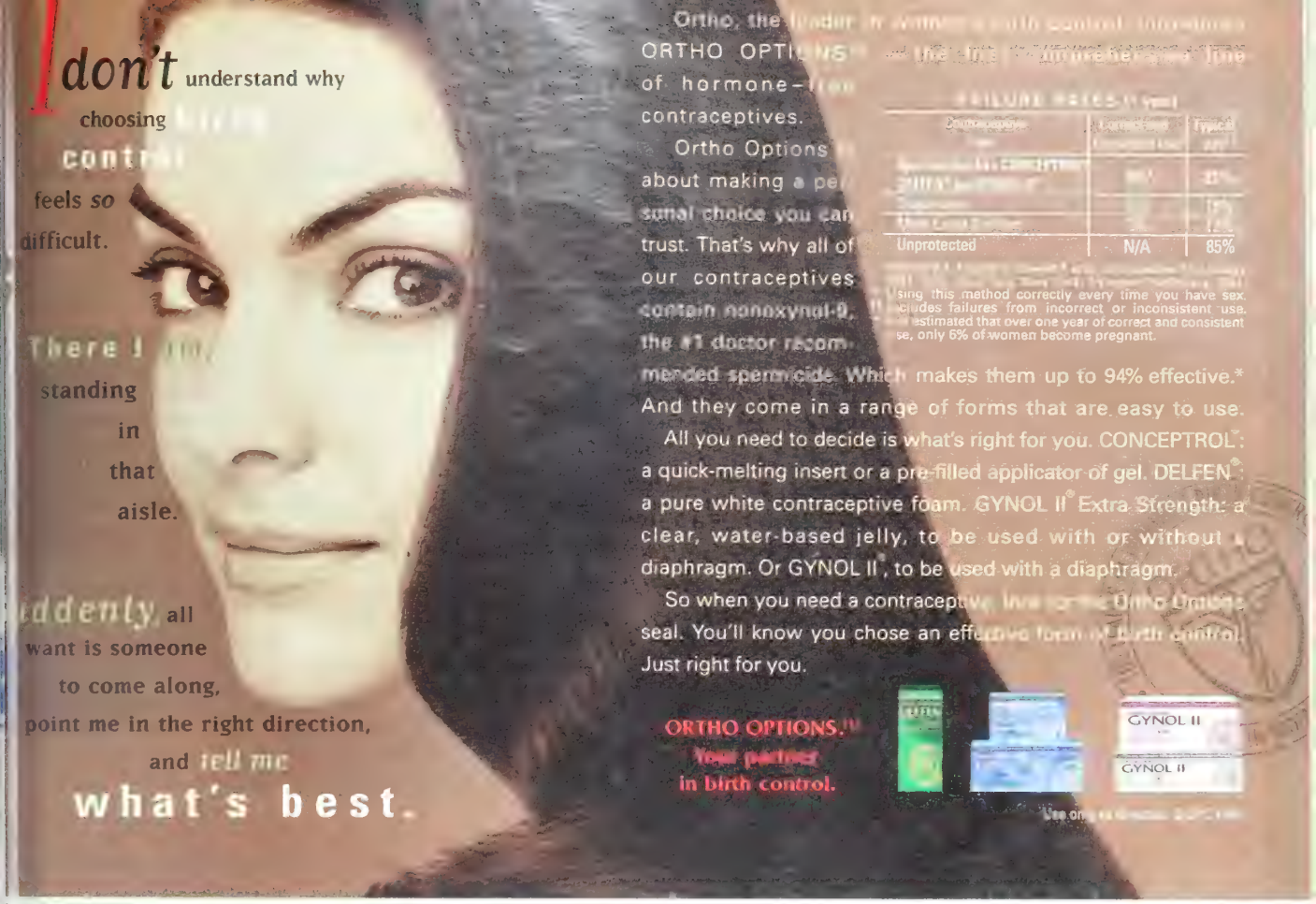
Skipping breast self-exams

We all know of someone who found a lump. And breast cancer is most curable if caught early. Even if the disease doesn't run in your family, monthly self-exams are important. The reason: It's estimated that, at most, 15 percent of breast cancers are inherited; the rest develop spontaneously, with no obvious cause. And though your doctor should check your breasts, and older women should get mammograms, these tests can miss lumps.

"The woman who takes charge of her breast care by doing self-exams is going to be more aware of what's normal for her breast tissue than the physician who sees her only once or twice a year," says Laurie Fajardo, M.D., a professor and vice-chair of research in radiology at UVa and a specialist in mammography.

Ignoring aches, pains and other minor symptoms

Listen to the messages your body is sending. When you don't pay



attention, you could be asking for trouble. A sore toe, for example, can alter your gait enough to trigger hip, back or neck pain—even headaches. And the toe problem probably can be treated fairly easily. A sore shin might be a muscle ache, but it also could be a stress fracture.

You don't have to rush to the doctor for every twinge, however. Note recurring minor symptoms on a calendar; that may be enough to help decode your body's messages. And when you do see a doctor, those notes can be a valuable diagnostic tool. For example, if you've been sneezing for the past week (ever since your daughter brought home some flowers, come to think of it), you'll want to consider whether your "cold" is really an allergy.

Keeping emotions under wraps

Suffering in silence can compromise your health. "There's evidence that people who express their emotions, either by talking or writing, can enhance their immune function," says Lora Baum, Ph.D., a clinical psychologist at The Cancer Center at UVa. What experts suspect: It's not the emotions themselves that wear you down, it's the energy you expend trying to keep them in check.

Caring for others but neglecting yourself

Women who take care of young children or aging parents often cope by giving up time for themselves. "This works at first, but eventually they run out of steam and develop irritability, fatigue or exhaustion," says JoAnn Pinkerton, M.D. "It's probably the number-one issue that we deal with in our practice."

Patients who mention these common symptoms rarely understand what's causing them. "But it's often because they're not taking the time to exercise, eat well and do whatever they need to replenish their own energy," Pinkerton notes. If you are responsible for others, remember: You can't care for them when you are tired and sick. Also, you're giving them the message that your needs don't matter. So add your own well-being to your list of priorities.

Overlooking family health risks

When a close relative is diagnosed with cancer, diabetes or heart disease, tell your doctor. She may want to screen you more carefully for that particular disease.

The most important indicators of risk are your closest relatives. First-degree relatives (such as your mother, sister or daughter) are the strongest link because you share more genes and may have all inherited a risk factor. With each branch away in the family tree, the link gets weaker.

It's also important to know the age of the relative at the time of the diagnosis. For example, if your mother developed breast cancer at thirty, UVa doctors would subtract five years from her age at diagnosis to determine when you should start having mammograms—in this case, at age twenty-five. And a family history of early heart disease, diabetes and other illnesses also can indicate a need for more attentive and earlier screening.

Keep in mind that a family history can stop with you if you adopt healthier habits than your ancestors did. ▶



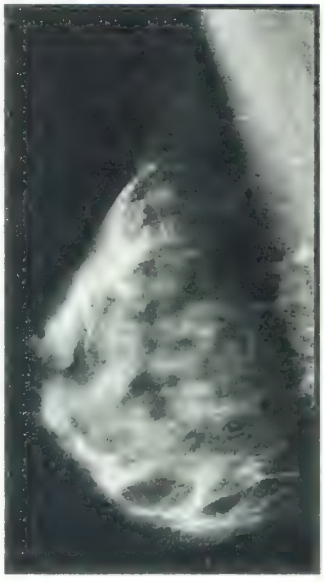
At age forty-nine, Diane Riccio's cholesterol test score startled even seasoned doctors. Her high-density lipoprotein (HDL or "good" cholesterol) was 145 mg/dl, more than three times the recommended level of forty-five. Scores of 100 or more are rare; it's the genetic equivalent of winning the lottery. By comparison, a marathon runner with an impeccable diet might be able to tweak her HDL up to 80.

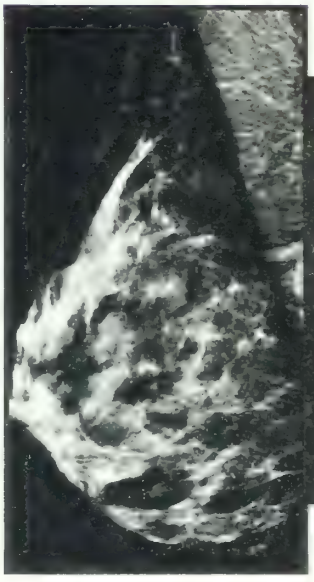
"When we see a score this high, we know she's probably got the Methuselah gene. It's a genetic trait for heart health and longevity and it runs in families," says R. Michael Morse, M.D., a professor of family medicine at UVa.

Diane's test result makes the case for why all women must request separate readings on HDL and low-density lipoprotein (LDL or "bad" cholesterol) levels. When these numbers are combined, the total cholesterol reading can be misleading. "The total cholesterol number for Diane is 240 and the recommended level is 200 or lower," says Morse. "So the total score gives her the false impression that she is at risk from high cholesterol. In fact, the *opposite* is true." In Diane's case, the HDL reading is more indicative of her heart health.

But even though her heart may be protected by this longevity gene, Diane shouldn't ignore healthy-lifestyle advice. High HDLs don't protect against cancer, osteoporosis or diabetes, for example. Diane's weight (148 pounds) is well within the normal range for her five-six frame, but like many women, her body fat is higher than the recommended maximum level of 27 percent. The message: The number on the bathroom scale isn't as important as your fat-to-muscle ratio. With regular exercise, Diane can change the ratio by building muscle tissue and burning fat—prompting her body to *(continued on page 131)*

THE CUTTING EDGE
MEDICAL ADVANCES FOR A HEALTHY FUTURE





The images from traditional mammograms (left) are less precise than those from digital mammograms (right). And a digital image can be transmitted over phone lines to another doctor for an instant second opinion

What's in your medical future? Just months from now computers will revolutionize the way doctors diagnose breast and cervical cancers. In the years ahead, research may unravel the mystery of ovarian cancer. And for the next generation, vaccines currently under study may wipe out several diseases altogether. Here, a preview of the most exciting medical breakthroughs in the pipeline.

A more accurate Pap test

Although the Pap test rarely fails to detect full-blown cervical cancer, as many as 20 percent of precancerous conditions may slip through the cracks. Two new computerized screening systems, PapNet and AutoPap, are designed to double-check slides and reduce false-negative rates (when a problem fails to show up). Expect to see them in widespread use within a year. Both systems will increase your lab bill (add $5 for AutoPap, about $45 for PapNet). But if you're at risk of cervical cancer—due to a previous abnormal Pap smear or exposure to the human papilloma virus (HPV), or if your mother took the drug DES during pregnancy—ask your doctor about this added measure of security.

High-tech mammograms

Traditional mammography captures images of breast tissue on X-ray film; digital mammography uses an electronic plate to generate a computer image, explains Laurie Fajardo, M.D. The digital picture is sharper than film (especially important for women with dense or lumpy breast tissue). And your doctor can transmit the image to another doctor via computer for a second opinion. UVa was the first site in the country to offer digital mammography. Within a year or two, digital mammograms should be available nationwide at a cost of about $100 per screening.

Designer estrogen alternatives

Menopausal women have been struggling to choose between the health benefits of hormone replacement therapy (HRT) and the increased risk of breast cancer. A new drug introduced in January, Evista, gives these women another option. The clinical trials showed the drug had many of the benefits of HRT *(continued on page 131)*

Fungus-free nails are a bare necessity.



Gorgeous feet have gorgeous nails. Healthy. Clear. Perfect.

But if you've noticed your nails are turning



colors (like white or yellow or brown) *and* they're getting thick or brittle or flaky, you've probably got what millions of people have: fungus-ridden nails.

So go for effective help from the *inside out* with oral Lamisil Tablets. Oral Lamisil works by attacking the fungus right where it lives: deep *inside*, under the nail at the base.

After taking oral Lamisil for 12 weeks, clearer, healthier toenails often grow in for many people. Because nails naturally grow slowly, it takes about 10 months for you to see totally new nails.

Prescription Lamisil may have some side effects for some people. In clinical studies, the most commonly reported were headache and gastrointestinal upset. In rare instances, adverse effects on the liver and serious skin reactions were reported, and therapy was discontinued. However, Lamisil is well tolerated by most people.

Call now to get your free, informative video, "Uncovering the Inside Story on Nail Fungus," plus a brochure on nail care and treatments.

1 800 462-5959

Lamisil Tablets
(terbinafine HCl tablets) 250mg

The ultimate pedicure happens from the inside out

Please see patient information on the adjacent page

LMT-0796-B

PATIENT INFORMATION ABOUT LAMISIL® TABLETS

Generic name: terbinafine (tur-bin-uh-feen)

Please read this as well as any other information your doctor gives you about LAMISIL® (terbinafine HCl tablets) Tablets and fungal infections of the toenail or fingernail. Only a doctor or other qualified healthcare professional has the training necessary to determine if LAMISIL Tablets are right for you.

What are LAMISIL Tablets?

LAMISIL Tablets are a prescription medicine for the treatment of onychomycosis (on-ee-ko-mi-ko-sis).

What is onychomycosis?

Onychomycosis is a fungal infection of fingernails or toenails. Because the fungus infects the area underneath the nail and in the place where the nail forms, it can be very stubborn and difficult to cure. The infection may cause some or all of the following: the nail can turn colors like white, yellow or brown, and become thickened and brittle. Additionally, it may be painful for some people.

How do LAMISIL Tablets work?

When you take LAMISIL Tablets, the active ingredient, terbinafine, travels to the infected area under the toenail or fingernail. Because terbinafine accumulates and lingers in the area of the nail that is growing, it can continue to work for months even after your prescription is finished, allowing the nail to heal naturally over a period of time.

How to take LAMISIL Tablets

Patients take one 250 mg tablet per day (it may be taken with or without food). You should follow your doctor's advice on how to take LAMISIL Tablets. Be sure to take the complete course of your medicine. For toenail infections, treatment time is 12 weeks. For fingernail infections, treatment time is 6 weeks. It is important to note that the complete healing process often takes at least 10 to 12 months for toenails and 4 months for fingernails. This is due to the length of time it takes for the new nails to grow in.

Who should not take LAMISIL Tablets

LAMISIL Tablets should not be taken by anyone allergic to any of its ingredients.

You should be aware of these warnings and precautions when taking LAMISIL Tablets

- As with all medications, you should discuss any side effects you experience with your doctor or healthcare professional.
- Rare instances of serious liver problems or skin reactions have been reported in patients using LAMISIL Tablets. In such cases, treatment with LAMISIL should be discontinued. Your doctor may ask you to undergo tests before and during treatment with LAMISIL Tablets.
- In clinical studies, 0.9% of patients taking LAMISIL Tablets discontinued therapy because of a skin rash. In rare cases, these skin reactions could indicate a serious side effect. If you notice a rash, stop taking LAMISIL and call your doctor.
- Isolated cases of decreases in white blood cell count have been reported. In all of the reported cases to date, these have been reversible.
- Patients with liver disease or kidney problems should not take LAMISIL Tablets.
- If you have problems with your immune system, your doctor may need to monitor your white blood cell count carefully if you take LAMISIL Tablets for more than 6 weeks. In some cases, LAMISIL therapy may need to be discontinued.
- Changes in the retina and lens of the eye have been reported following the use of LAMISIL. The significance of these changes is not known. In clinical studies, 0.9% of patients discontinued taking LAMISIL because of visual disturbances.
- The tumor-causing potential of LAMISIL has been examined in numerous studies in mice, rats, dogs, and monkeys. Male rats, given a daily dosage approximately 13.8 times the maximum recommended human dose based on body weight, showed a marginal increase in the incidence of liver tumors. No increase in tumors was noted in a wide range of studies in mice, dogs, and monkeys. These tests suggest that this is a finding specific to rats.
- No studies with pregnant women have been done to evaluate the safety of LAMISIL Tablets. Because treatment of onychomycosis can be delayed until after pregnancy is completed, LAMISIL Tablets should not be taken by pregnant women.
- The active ingredient of LAMISIL Tablets, terbinafine, is present in the breast milk of nursing mothers. Therefore, LAMISIL Tablets should not be taken by nursing mothers.
- No studies have been done in children to evaluate the safety of LAMISIL Tablets.
- Talk to your doctor or healthcare professional before combining LAMISIL Tablets with any other medications. Certain medications, including Tagamet®,* Seldane®,† and rifampin may affect the rate at which LAMISIL is eliminated from the body. However, unlike some other antifungal medications, LAMISIL Tablets has been used safely with many commonly prescribed medications, such as Seldane®, Lanoxin®,‡ or Coumadin®§.

Possible side effects

Most patients tolerate treatment with LAMISIL Tablets very well. However, like all prescription drugs, LAMISIL Tablets may cause some side effects in some people. These side effects, as determined by three clinical studies, were mild and in general did not lead to discontinuation of treatment with LAMISIL Tablets. The most commonly reported side effects were headache, which occurred in 12.9% of patients, gastrointestinal symptoms, including diarrhea (5.6%), upset stomach (4.3%), taste disturbances (2.8%), nausea (2.6%), abdominal pain (2.4%), flatulence (2.2%), rash (5.6%), itching (2.8%), hives (1.1%), and abnormalities in laboratory tests of liver enzymes (3.3%). In some cases, these complaints were no more frequent than in patients taking placebo (sugar pill).

LAMISIL Tablets were prescribed only for you. Do not share LAMISIL Tablets with anyone else. Keep LAMISIL Tablets and all other medications away from children. For more information about LAMISIL Tablets and fingernail or toenail fungal infections, talk to your doctor or other healthcare professional.

*Tagamet (cimetidine) is a registered trademark of SmithKline Beecham Pharmaceuticals.

†Seldane (terfenadine) is a registered trademark of Hoechst Marion Roussel, Inc.

‡Lanoxin (digoxin) is a registered trademark of Glaxo Wellcome Inc.

§Coumadin (warfarin) is a registered trademark of DuPont Pharma.

NOVARTIS

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April 1997

(continued from page 126) burn calories more efficiently as well. This will help reduce her risk of several cancers as well as a variety of other deadly illnesses.

A health scare prompted Diane to quit smoking last year. "The doctor found a small, malignant tumor on my bladder and said it was caused by smoking," she says. The tumor was successfully removed, but it changed her attitude about smoking. "I had assumed I could get away with it," she recalls. "I couldn't."

Also, Diane's risk for alcoholism was high: almost six times the average. In a typical week, she consumes more than the glass of wine per day that health professionals consider "moderate" drinking.

Although it's been proven that a daily glass of wine can improve heart health, alcohol can also cause problems ranging from liver damage to accidental injury. In addition, increased alcohol consumption elevates a woman's risk of breast cancer. And because alcohol contains empty calories, it can topple a balanced diet and interfere with the body's ability to absorb nutrients. Since Diane's heart is already at very low risk, the doctors emphasized these other concerns. And decreasing the empty calorie intake can help her reduce her body fat.

Substance-abuse experts point out that it may take some soul-searching (or in some cases, a confrontation by someone else) to determine your own limits regarding alcohol. "It's an individual decision," says Madeleine Chandler, M.S.N., R.N., a clinician in the department of psychiatric medicine at UVa. And if you have a family history of substance abuse, it's a good idea to consider your intake even more carefully.

"Right now, it's not causing problems for me," Diane notes. Still, she saw that *increasing* her alcohol intake could negatively affect her long-term health. "I'm in good shape," she concludes, "but I can do better. I need to improve my diet, exercise more and drink less if I want to get serious about my health."



ASPIRIN MAY PROTECT YOUR COLON AGAINST CANCER, TOO

(continued from page 126) (stronger bones and reduced LDL or "bad" cholesterol levels) *without* increasing a woman's breast-cancer risk. The downside: Evista's protective effects are not as strong as estrogen's and it may increase hot flashes. But trials suggest that taking Evista is healthier than taking nothing.

Mixing medicine with herbs

A growing demand for alternative therapies (especially among women) has prompted doctors to learn more about these treatments. The UVa School of Nursing has launched a Center for the Study of Complementary and Alternative Therapies, where a task force is exploring ways to integrate alternative healing techniques with traditional medicine for patients who request it.

One caution: If you are experimenting with alternative therapies (like the herbal remedies echinacea or Saint-John's-wort), tell your doctor. One study found that 70 percent of patients don't discuss it, and the consequences can be serious. "There have been reports of severe kidney and liver damage caused by Chinese herbs," says JoAnn Pinkerton, M.D. "Herbs are not necessarily bad, but they do need to be monitored to prevent overdoses and drug interactions."

If your doctor is unwilling to discuss alternative therapies, find a physician who will.

Taking aspirin daily may do more than reduce your risk of heart disease: Early research suggests it may reduce the number of polyps, or precancerous growths, that appear in the colon as well. But researchers haven't determined the optimal dose. "It could be as little as a baby aspirin daily," says Reid Adams, M.D., a surgical oncologist at The Cancer Center at UVa. If you've already been told by your doctor to take aspirin for your heart, add this to the list of possible benefits.

Ovarian cancer risk assessments

Right now, doctors can't identify all the women at highest risk for ovarian cancer. And since its symptoms are vague, the disease is often missed. Yet when it's caught late, this disease is one of the most deadly. To improve the odds, studies sponsored by the National Institutes of Health are searching for a screening test to pinpoint women at risk. Once identified, those women would undergo more aggressive screenings to increase their chances of an early diagnosis. Findings may emerge in the next three to five years.

A vaccine to fig[illegible]

Because some skin cancers disappear spontaneously, researchers have suspected that the immune system might hold a key to a cure. Recent trials of vaccines (designed to stimulate the body's immune response to melanoma tumors) have been encouraging.

"In the future, we imagine that we'll be more likely to control melanoma in its earliest stages and prevent it from coming back," says Craig Slingluff, M.D., chief of surgical oncology at UVa. Each year, over nine thousand people die from the disease in the U.S. Widespread use of a vaccine is a few years away.

When melanoma spreads, it often heads for the lymph nodes. But right now, nodes (continued on page 135)

If you're ready to quit smoking

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a medical study using patient support materials and g therapy, ZYBAN helped more smokers quit for veeks than Habitrol® (nicotine transdermal system),* nicotine patch. And unlike the patch and gum, ZYBAN laces cigarettes with nicotine-free medicine.

u can break free from smoking

you've tried to quit before and are still smoking, ask ur health care professional about nicotine-free ZYBAN. a pill. Prescription medicine that can help reduce ur urge to smoke and make quitting bearable.

at you need to know about ZYBAN

e most common side effects with ZYBAN include dry outh and difficulty sleeping. Although uncommon, ere is a risk of seizure associated with ZYBAN. (See nportant Warning" section in Information for the Patient on following page.) So it is important to talk to your health care professional to see whether ZYBAN is right for you. You should not take ZYBAN if you have a seizure disorder; are already taking WELLBUTRIN®, WELLBUTRIN SR®, or any other medicines that contain bupropion HCl; have or have had an eating disorder; or are currently taking or have recently taken a monoamine oxidase (MAO) inhibitor. It is important to let your health care professional know about any other prescription or over-the-counter medications you are taking. ZYBAN is not recommended for women who are pregnant or breast-feeding.

SEE YOUR HEALTH CARE PROFESSIONAL ABOUT ZYBAN

ZYBAN and the ZYBAN Advantage Plan™, a free counseling and personalized support program, are part of an overall plan recommended by your health care professional to help you quit smoking.

For more information, call **1-888-959-STOP (7867) ext. 42** or visit our Web site at www.zyban.com

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BREAK FREE FROM SMOKING

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se consult Information for the Patient on the following page.

Information for the Patient

ZYBAN™ (bupropion hydrochloride) Sustained-Release Tablets

Please read this information before you start taking ZYBAN. Also read this leaflet each time you renew your prescription, in case anything has changed. This information is not intended to take the place of discussions between you and your doctor. You and your doctor should discuss ZYBAN as part of your plan to stop smoking. Your doctor has prescribed ZYBAN for your use only. Do not let anyone else use your ZYBAN.

IMPORTANT WARNING:

There is a chance that approximately 1 out of every 1,000 people taking bupropion hydrochloride, the active ingredient in ZYBAN, will have a seizure. The chance of this happening increases if you:

- have a seizure disorder (for example, epilepsy);
- have or have had an eating disorder (for example, bulimia or anorexia nervosa);
- take more than the recommended amount of ZYBAN; or
- take other medicines with the same active ingredient that is in ZYBAN, such as WELLBUTRIN® (bupropion hydrochloride) Tablets and WELLBUTRIN SR® (bupropion hydrochloride) Sustained-Release Tablets. (Both of these medicines are used to treat depression.)

You can reduce the chance of experiencing a seizure by following your doctor's directions on how to take ZYBAN. You should also discuss with your doctor whether ZYBAN is right for you.

1. What is ZYBAN?

ZYBAN is a prescription medicine to help people quit smoking. Studies have shown that more than one third of people quit smoking for at least 1 month while taking ZYBAN and participating in a patient support program. For many patients, ZYBAN reduces withdrawal symptoms and the urge to smoke. ZYBAN should be used with a patient support program. It is important to participate in the behavioral program, counseling, or other support program your health care professional recommends.

2. Who should not take ZYBAN?

You should not take ZYBAN if you:

- have a seizure disorder (for example, epilepsy).
- are already taking WELLBUTRIN, WELLBUTRIN SR, or any other medicines that contain bupropion hydrochloride.
- have or have had an eating disorder (for example, bulimia or anorexia nervosa).
- are currently taking or have recently taken a monoamine oxidase inhibitor (MAOI).
- are allergic to bupropion.

3. Are there special concerns for women?

ZYBAN is not recommended for women who are pregnant or breast-feeding. Women should notify their doctor if they become pregnant or intend to become pregnant while taking ZYBAN.

4. How should I take ZYBAN?

- You should take ZYBAN as directed by your doctor. The usual recommended dosing is to take one 150-mg tablet in the morning for the first 3 days. On the fourth day, begin taking one 150-mg tablet in the morning and one 150-mg tablet in the early evening. Doses should be taken at least 8 hours apart.
- **Never take an "extra" dose of ZYBAN.** If you forget to take a dose, do not take an extra tablet to "catch up" for the dose you forgot. Wait and take your next tablet at the regular time. Do not take more tablets than your doctor prescribed. This is important so you do not increase your chance of having a seizure.
- It is important to swallow ZYBAN Tablets whole. Do not chew, divide, or crush tablets.

5. How long should I take ZYBAN?

Most people should take ZYBAN for 7 to 12 weeks. Follow your doctor's instructions.

6. When should I stop smoking?

It takes about 1 week for ZYBAN™ (bupropion hydrochloride) Sustained-Release Tablets to reach the right levels in your body to be effective. So, to maximize your chance of quitting, you should not stop smoking until you have been taking ZYBAN for 1 week. You should set a date to stop smoking during the second week you're taking ZYBAN.

7. Can I smoke while taking ZYBAN?

It is not physically dangerous to smoke and use ZYBAN at the same time. However, continuing to smoke after the date you set to stop smoking will seriously reduce your chance of breaking your smoking habit.

8. Can ZYBAN be used at the same time as nicotine patches?

Yes, ZYBAN and nicotine patches can be used at the same time but should only be used together under the supervision of your doctor. Using ZYBAN and nicotine patches together may raise your blood pressure. Your doctor will probably want to check your blood pressure regularly to make sure that it stays within acceptable levels.

DO NOT SMOKE AT ANY TIME if you are using a nicotine patch or any other nicotine product along with ZYBAN. It is possible to get too much nicotine and have serious side effects.

9. What are possible side effects of ZYBAN?

Like all medicines, ZYBAN may cause side effects.

- The most common side effects include dry mouth and difficulty sleeping. These side effects are generally mild and often disappear after a few weeks. If you have difficulty sleeping, avoid taking your medicine too close to bedtime.
- The most common side effects that caused people to stop taking ZYBAN during clinical studies were shakiness and skin rash.
- Contact your doctor or health care professional if you have a rash or other troublesome side effects.
- Use caution before driving a car or operating complex, hazardous machinery until you know if ZYBAN affects your ability to perform these tasks.

10. Can I drink alcohol while I am taking ZYBAN?

It is best to not drink alcohol at all or to drink very little while taking ZYBAN. If you drink a lot of alcohol and suddenly stop, you may increase your chance of having a seizure. Therefore, it is important to discuss your use of alcohol with your doctor before you begin taking ZYBAN.

11. Will ZYBAN affect other medicines I am taking?

ZYBAN may affect other medicines you're taking. It is important not to take medicines that may increase the chance for you to have a seizure. Therefore, you should make sure that your doctor knows about all medicines—prescription or over-the-counter—you are taking or plan to take.

12. Do ZYBAN Tablets have a characteristic odor?

ZYBAN Tablets may have a characteristic odor. If present, this odor is not harmful.

13. How should I store ZYBAN?

- Store ZYBAN at room temperature, out of direct sunlight.
- Keep ZYBAN in a tightly closed container.
- Keep ZYBAN out of the reach of children.

This summary provides important information about ZYBAN. This summary cannot replace the more detailed information that you need from your doctor. If you have any questions or concerns about either ZYBAN or smoking cessation, talk to your doctor or other health care professional.

GlaxoWellcome

Glaxo Wellcome Inc.
Research Triangle Park, NC 27709

U.S. Patent Nos. 5,427,798 and 5,358,970

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RL#2

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TER A HYSTERECTOMY



A healthy lifestyle does have rewards, and Judy Schlussel is proof. At fifty, Judy is in excellent health and she's got plenty of energy. Her HDL or "good" cholesterol is 61 mg/dL (the target is over 45); her body fat was tested at 26.4 percent (the recommended maximum level is 27 percent), and her blood pressure is 122 over 72 (120 over 80 is the gold standard).

Ever since her hysterectomy six years ago, Judy has been taking estrogen. "Many women on estrogen sleep better, have more energy and have a sense of well-being," says JoAnn Pinkerton, M.D. "In addition, their risk of heart disease and osteoporosis decreases."

But long-term use of estrogen can increase the risk of breast cancer in some women, "so after ten years, we reevaluate and decide whether she should continue on estrogen," says Pinkerton.

But estrogen isn't the only explanation for Judy's good health. "I do try to take care of myself. My husband and I watch the cholesterol in our diets. I work out two or three times a week. I take the stairs every chance I get," she says.

A longtime exerciser, Judy's secrets to success are consistency, flexibility and variety. When her favorite aerobics class doesn't suit her schedule, Judy often works out at home instead. And to keep workouts interesting, she's taking up swimming laps this spring.

"I know my efforts are paying off when I see other people huffing and puffing on the stairs and it doesn't seem to affect me," she observes. "Those medical test scores are the black-and-white evidence that I'm doing the right thing."

(continued from page 131) can't be checked for cancer until they've been surgically removed. A new technique, called sentinel node biopsy, allows a surgeon to inject a radioactive particle into the skin near the melanoma, then track it with a probe. If the cancer has spread to the lymph glands, the particle will follow. Once the probe pinpoints the affected node, the doctor can remove just that node with a small incision.

The technique might help surgeons track other kinds of cancer, too. But until the technique has been perfected, removing healthy nodes is safer than risking further spread of the disease by leaving behind an affected node.

About 90 percent of women who have cervical cancer also have the human papilloma virus—and most don't know it. Scientists think HPV might be the first link in the chain that causes the disease. In five years, researchers hope to begin testing a vaccine against HPV that, when given to young girls (ages five to seven), might eliminate their chances of developing cervical cancer in adulthood. ▶

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JoAnn Christy gave up her health insurance when her premiums tripled after her divorce, and saw a doctor only when sick. "This screening program was a great opportunity because I had to put my health on hold for nine months while I wasn't covered," says JoAnn, thirty-eight, a registered respiratory therapist who is between jobs. Fortunately, when she remarried this past December, JoAnn got coverage with her husband's insurance policy and quickly caught up on doctor's visits.

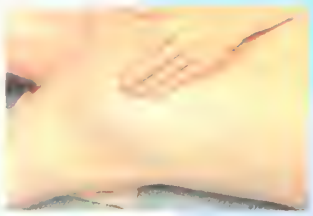
"Health screenings only benefit the women who come in for them," says Peyton T. Taylor, Jr., M.D. "Most of the cervical cancer deaths in this country come from women who are not screened regularly. Even one Pap test every three to five years gives you a tremendous advantage over the disease. And most county health departments offer them at no or minimal cost."

Because she has a family history of depression and anxiety, JoAnn pays close attention to her mental health—especially during major life changes like her recent cross-country move from California to Virginia.

"In my case, depression is genetic: It runs back to my great-grandmother," she explains. Medication keeps JoAnn's depression in check, "but when I lost my insurance coverage, I had to stretch the medication to make it last." So a follow-up visit with a psychiatrist (who can prescribe medication) was a priority for JoAnn once her coverage resumed.

Fair-skinned with red hair, JoAnn had a precancerous lesion removed from her stomach in 1991. She now avoids the sun and sees a dermatologist regularly. The *(continued on page 138)*

What tests you need... AND WHEN TO START

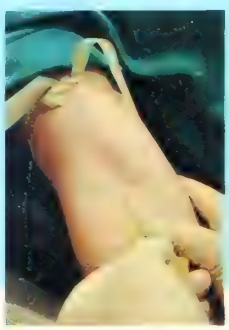


Pap test: Women who are eighteen and older and/or sexually active should have this screening test for cervical cancer yearly.
Clinical breast exam: A manual exam by a medical professional checking for lumps or changes. If normal, repeat every three years.
Breast self-exam (BSE): Start monthly checks for lumps.
Blood cholesterol test: Check at twenty; if normal, repeat every five years. Get separate numbers for HDL and LDL levels.
Blood pressure test: Helps determine your risk of heart disease. Check it at least every two years at all ages.

Clinical breast exam: Once a year, or more frequently if you have a history of breast lumps or a close relative who had the disease.
Breast self-exam: Continue monthly.
Mammogram for women at risk: If your mother, sister or grandmother had breast cancer, your doctor may advise you to have a baseline mammogram in your thirties.
Pap test: Annually.
Blood cholesterol test: Every five years.

Mammogram: Starting at age forty, a woman should have a baseline mammogram and then repeat the screening every one to two years. Individual recommendations depend on a woman's breast tissue and her personal risk factors. Continue clinical breast exams annually, and self-exams monthly.
Glaucoma: Beginning at age forty, every woman should have this test (which measures pressure in the eye) every two years. Doctors may recommend that African-Americans and women with a family history of glaucoma start screenings earlier.
Fasting plasma glucose: Starting at age forty-five, all adults should have this test for diabetes. If it's normal, repeat at least every three years. If the disease runs in your family, your physician will recommend screenings much earlier.
Pap test: Annually.

Mammogram: All women in their fifties should have annual mammograms. If you have been taking estrogen for ten years, or have other breast-cancer risk factors, your doctor may now suggest having clinical breast checks every six months. Continue monthly BSEs.
Pap test: Annually.
Fecal occult blood test: This test checks for hidden blood in the stool. Have it done once a year. If positive, your doctor will recommend colonoscopy to check for polyps in the colon.
Digital rectal exam: Checks for precancerous growths in the rectum, a predictor of colon cancer. Should be done once a year.
Flexible sigmoidoscopy: Recommended every three to five years starting at age fifty. This test allows your doctor to scan the colon for precancerous growths. If positive, colonoscopy is recommended for follow-up.
Fasting plasma glucose: Starting in your sixties, check for diabetes yearly.



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(continued from page 136) experience taught her that taking care of your health doesn't stop after you go in for a checkup—you need to follow up on test results.

"I assumed that my dermatologist would call me if the test was positive," she recalls. Several months later, when she happened to inquire about the test, he checked her file and discovered that the lesion was precancerous. "He was apologetic and embarrassed," she says.

Unfortunately, this event is not unusual. In fact, a 1996 study found that one third of all doctors don't always notify patients of abnormal test results. JoAnn's lesion was removed successfully, but the incision was deeper than it would have been if it had been treated sooner. "I should have known better," she reflects. "We are all responsible for our own health."

A FULL HOUSE



Tamilee Laird got excellent marks on her checkup. But this twenty-eight-year-old full-time mother of three girls (ages six, four and two) has little time for healthy eating and regular exercise. And energy is a constant concern: "I'm *always* tired," she admits.

"Starting in her twenties, the best thing a woman can do for her long-term health is to establish a regular pattern of exercise," says JoAnn Pinkerton, M.D. "Life just keeps adding on; so if good health habits are in place early, a woman will do much better as she ages."

At five-four and 113 pounds, Tamilee's weight is proper. But her on-the-fly eating habits need work. "When I'm in the car doing errands all day, I'll drive through Chick-fil-A or McDonald's because I can't stop for lunch."

In fact, Tamilee's family medical history reveals a compelling message about dietary fat and cholesterol intake: Her grandmother died of a (continued on page 148)



5 EASY WAYS TO GET HEALTHY

1. Spend time with friends

For men, marriage helps protect against depression. But for women, *female* friendships keep the blues at bay, says Lora Baum, Ph.D.

Social ties appear to bolster the immune system as well. According to a study conducted at Carnegie Mellon University, in Pittsburgh, people with a wide variety of social relationships are less vulnerable to colds and have milder symptoms when they do get sick.

2. Eat your vegetables

Fresh vegetables and fruits provide the fiber you need to help prevent colon cancer. Among women, it's the third leading cause of death from cancer (behind lung and breast cancer). Fruits and vegetables are also loaded with antioxidants, vitamins and minerals. Aim for five servings a day.

3. Drink water

Water keeps all your body's systems running smoothly. Eight glasses each day is recommended, but you'll need more if you exercise or spend time in very hot, cold or dry climates. You'll know you're getting enough when your urine runs almost clear at least once each day. Symptoms of dehydration include fatigue, headaches, constipation and even delirium.

4. Know your fats

All fats are not equal for heart health: Saturated fats (found in meat, dairy products and coconut and palm oils) are known to increase cholesterol levels. It's healthier to replace these with monounsaturates (olive and canola oils) or even polyunsaturates (corn, soybean, sunflower and fish oils).

When oil is hardened or "hydrogenated" (as found in stick margarine, shortening and most commercial baked goods), it becomes just as unhealthy as saturated fat, if not more so. The jury is still out on whether margarine is a better choice than butter. Although all types of margarine are composed mostly of oil, doctors do know that softer margarines (such as the squeeze or tub type) are healthier than hardened stick margarines, which contain more oil that's been hydrogenated.

Still, all types of fat, even these, pack about 120 calories per tablespoon—which quickly add up to increase your girth and thus your risk of many diseases. So limit your daily fat intake to 30 percent or less of your total calories.

5. Carry an aspirin in your purse

Heart specialists say that chewing an aspirin at the first sign of chest pain can lessen the severity of a heart attack—and possibly save your life. Chomp aspirin at the first signs of a stroke (symptoms include sudden dizziness and difficulty speaking) because it can decrease the damage from that event as well.

"Chewing gets the aspirin into your bloodstream fast, where it can arrest inflammation or clot growth before the blood vessel becomes completely blocked," says Dearing Johns, M.D. Experts say self-treatment with aspirin is the best first-line approach until you get to the emergency room and have access to the clot-busting drugs administered there.

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ing more about estrogen loss.

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"I started taking PREMARIN a number of years ago. My hot flashes went away, and I've felt wonderful ever since. My doctor and I agreed that I should keep taking it, not just to keep my symptoms from coming back, but also to prevent bone loss. Recently, I heard about new research. It's comforting to know that they're discovering even more about estrogen loss and menopause."

PREMARIN offers you many benefits. It relieves the symptoms of menopause. The hot flashes that can disrupt your days. The night sweats that can interrupt your sleep and make you tired and irritable the next day. The vaginal dryness that can be uncomfortable and interfere with sexual intimacy. These symptoms may return if you stop taking your PREMARIN. PREMARIN also helps to prevent bone loss by protecting against osteoporosis, and helps to ensure you'll stay active in the years to come.



PREMARIN has earned your confidence. PREMARIN has been prescribed for more than 50 years. The most studied of all estrogens, PREMARIN has earned the confidence of generation after generation of women all over the world. Today, PREMARIN is taken by more than 9,000,000 women in the U.S. alone. Of the 40 billion tablets sold, not one has been recalled. Ever.

New research keeps PREMARIN at the forefront. Discoveries in medical science continue to reveal additional benefits of PREMARIN throughout menopause—and beyond. For example, in recent years it was learned that PREMARIN increases your levels of "good" cholesterol (HDLs) and decreases your levels of "bad" cholesterol (LDLs). And more is being learned every day.

New research into estrogen loss and the effects of menopause. Wyeth-Ayerst, the maker of PREMARIN, has established the Women's Health Research Institute (WHRI). WHRI is dedicated to the discovery and development of medicines that help women live longer, healthier lives, and to ongoing research into the effects of estrogen loss and estrogen replacement therapy. A heritage of confidence... a commitment to your future. Good reasons why PREMARIN is an important part of your life...now more than ever.

There can be side effects with hormones. One side effect of estrogen replacement therapy is the possibility of developing cancer of the uterus. If you have had a hysterectomy, you don't have this risk. Adding the hormone progestin to your estrogen greatly reduces this risk.

When you discuss hormone replacement therapy with your doctor or health care provider, be sure to discuss your personal and family history of breast cancer, breast lumps, abnormal vaginal bleeding, abnormal blood clotting, or heart disease. Women who are pregnant should not take hormone replacement therapy because of possible risk to the fetus.

If you have any questions about your PREMARIN prescription, speak with your doctor or health care provider.

Please be sure to read the important information on the following page.

Taking my PREMARIN is something I do for myself every day. PREMARIN will continue to be my estrogen, now, more than ever.

For me, it's PREMARIN®

(conjugated estrogens tablets, USP) 0.625 mg

BRIEF SUMMARY OF PRESCRIBING INFORMATION FOR THE PATIENT

PREMARIN® Brand of conjugated estrogens tablets, USP

ESTROGEN DRUGS

[illegible] decide with your doctor whether the [illegible] starting estrogens. Check with your doctor to make sure you are using the lowest possible effective dose. The length of treatment with estrogens will depend upon the reason for use. This should also be discussed with your doctor.

USES OF ESTROGEN

To reduce menopausal symptoms. Estrogens are hormones produced by the ovaries. The decrease in the amount of estrogen that occurs in all women, usually between ages 45 and 55, causes the menopause. Sometimes the ovaries are removed by an operation, causing "surgical menopause." When the amount of estrogen begins to decrease, some women develop very uncomfortable symptoms, such as feelings of warmth in the face, neck, and chest or sudden intense episodes of heat and sweating ("hot flashes"). The use of drugs containing estrogens can help the body adjust to lower estrogen levels.

Most women have none or only mild menopausal symptoms and do not need estrogens. Other women may need estrogens for a few months while their bodies adjust to lower estrogen levels. The majority of women do not need estrogen replacement for longer than six months for these symptoms.

To prevent brittle bones. After age 40, and especially after menopause, some women develop osteoporosis. This is a thinning of the bones that makes them weaker and more likely to break, often leading to fractures of vertebrae, hip, and wrist bones. Taking estrogens after the menopause slows down bone loss and may prevent bones from breaking. Eating foods that are high in calcium (such as milk products) or taking calcium supplements (1,000 to 1,500 milligrams per day) and certain types of exercise may also help prevent osteoporosis.

Since estrogen use is associated with some risk, its use in the prevention of osteoporosis should be confined to women who appear to be susceptible to this condition. The following characteristics are often present in women who are likely to develop osteoporosis: white race, thinness, and cigarette smoking.

Women who had their menopause by the surgical removal of their ovaries at a relatively young age are good candidates for estrogen replacement therapy to prevent osteoporosis.

To treat certain types of abnormal uterine bleeding due to hormonal imbalance.

To treat atrophic vaginitis (itching, burning, dryness in or around the vagina).

[illegible]

WHEN ESTROGENS SHOULD NOT BE USED

Estrogens should not be used:

During pregnancy. Although the possibility is fairly small, there is a greater risk of having a child born with a birth defect if you take estrogens during pregnancy. A male child may have an increased risk of developing abnormalities of the urinary system and sex organs. A female child may have an increased risk of developing cancer of the vagina or cervix in her teens or twenties. Estrogen is not effective in preventing miscarriage (abortion).

If you are breast feeding. Many drugs are excreted in human milk and can be passed on to your baby. Therefore, estrogen therapy should be used only when your doctor decides it is clearly necessary.

If you have had any heart or circulation problems. Estrogen therapy should be used only after consultation with your physician and only in recommended doses. Patients with a tendency for abnormal blood clotting should avoid estrogen use. This includes patients who currently have clots in the leg (thrombophlebitis), or any other part of the body (thromboembolic disorder). (See below.)

If you have had undiagnosed vaginal bleeding. If you have ever had abnormal bleeding from the vagina, estrogens should not be used unless you have talked to your physician about this problem.

If you have had cancer. Since estrogens increase the risk of certain cancers, you should not take estrogens if you have ever had cancer of the breast or uterus. In certain situations, your doctor may choose to use estrogen in the treatment of breast cancer.

When they are ineffective. Sometimes women experience nervous symptoms or depression during menopause. There is no evidence that estrogens are effective for such symptoms. You may have heard that taking estrogens for long periods (years) after menopause will keep your skin soft and supple and keep you feeling young. There is no evidence that this is so and such long-term treatment may carry serious risks.

DANGERS OF ESTROGENS

Cancer of the uterus. The risk of cancer of the uterus increases the longer estrogens are used and when larger doses are taken. One study showed that when estrogens are discontinued, this increased risk of cancer seems to fall off quickly. In another study, the persistence of risk was demonstrated for 10 years after stopping estrogen treatment. Because of this risk, *it is important to take the lowest effective dose of estrogen and to take it only as long as you need it.* There is a higher risk of cancer of the uterus if you are overweight, diabetic, or have high blood pressure.

If you have had your uterus removed (total hysterectomy), there is no danger of developing cancer of the uterus. If you have your uterus, please refer to the section titled **"OTHER INFORMATION."**

Cancer of the breast. The majority of studies have shown no association with the usual doses used for estrogen replacement therapy and breast cancer. Some studies have suggested a possible increased incidence of breast cancer in those women taking estrogens for prolonged periods of time and especially if higher doses are used.

Regular breast examinations by a health professional and self-examination are recommended for women receiving estrogen therapy, as they are for all women.

Gallbladder disease. Women who use estrogens after menopause are more likely to develop gallbladder disease needing surgery than women who do not use estrogens.

Abnormal blood clotting. Taking estrogens may increase the risk of blood clots. These clots can cause a stroke, heart attack or pulmonary embolus, any of which may be fatal.

Heart disease. Large doses of estrogen in men have been shown to increase the risk of certain heart diseases. This may not necessarily be true in women. In order to avoid the theoretical risk of high doses, the dose of estrogen you take should not exceed the dose recommended by your doctor.

Excess calcium in the blood. Taking estrogens may lead to severe hypercalcemia in women with breast and/or bone cancer.

SIDE EFFECTS

In addition to the risks listed above, the following side effects have been reported with estrogen use:

- Nausea, vomiting, pain, cramps, swelling, or tenderness in the abdomen
- Yellowing of the skin and/or whites of the eyes
- Breast tenderness or enlargement
- Enlargement of benign tumors of the uterus
- Breakthrough bleeding or spotting
- Change in amount of cervical secretion
- Vaginal yeast infections
- Retention of excess fluid. This may make some conditions worsen, such as asthma, epilepsy, migraine, heart disease, or kidney disease.
- A spotty darkening of the skin, particularly on the face; reddening of the skin; skin rashes
- Worsening of porphyria
- Headache, migraines, dizziness, faintness, or changes in vision (including intolerance to contact lenses)
- Mental depression
- Involuntary muscle spasms
- Hair loss or abnormal hairiness
- Increase or decrease in weight
- Changes in sex drive
- Possible changes in blood sugar

REDUCING RISK OF ESTROGEN USE

If you decide to take estrogens, you can reduce your risks by carefully monitoring your treatment:

See your doctor regularly. While you are taking estrogens, it is important that you visit your doctor at least once a year for a physical examination. Special attention should be given to blood pressure, breasts, abdomen, and pelvic organs. A Pap smear should be taken and tested at this visit. If members of your family have had breast cancer or if you have ever had breast nodules or an abnormal mammogram (breast x-ray), you may need to have more frequent breast examinations. Also be sure to let your doctor know if you have ever had liver or kidney disease, as this may affect the decision to use estrogen.

Reevaluate your need for estrogens. You and your doctor should reevaluate your need for estrogens at least every six months.

Be alert for signs of trouble. Report these or any other unusual side effects to your doctor immediately:

- Abnormal bleeding from the vagina
- Pains in the calves or chest, a sudden shortness of breath or coughing blood (indicating possible clots in the legs, heart, or lungs)
- Severe headache, dizziness, faintness, or changes in vision, indicating possible clots in the brain or eye
- Breast lumps
- Yellowing of the skin and/or whites of the eyes
- Pain, swelling, or tenderness in the abdomen

OTHER INFORMATION

Some physicians may choose to prescribe another hormonal drug to be used in association with estrogen treatment for women with a uterus. These drugs, progestins, have been reported to lower the frequency of occurrence of a possible precancerous condition of the uterine lining. Whether this will provide protection from uterine cancer has not been clearly established. There are possible additional risks that may be associated with the inclusion of a progestin in estrogen treatment. The possible risks include unfavorable effects on blood fats and sugars. The choice of progestin and its dosage may be important in minimizing these effects.

Your doctor has prescribed this drug for you and you alone. Do not give the drug to anyone else.

If you will be taking calcium supplements as part of the treatment to help prevent osteoporosis, check with your doctor about the amounts recommended.

Keep this and all drugs out of the reach of children. In case of overdose, call your doctor, hospital, or poison control center immediately.

This Summary provides the most important information about estrogens. If you want to read more, ask your doctor or pharmacist to let you read the professional labeling.

This Brief Summary for Direct-to-Consumer Advertising is based on the most current Premarin Tablets Direction Circular, CI 3908-9, Revised May 21, 1997.

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IS YOUR **GYNECOLOGIST** THE ONLY DOCTOR YOU NEED?

Many women make regular visits to the gynecologist and skip trips to a family physician unless an illness arises. Gynecologists do receive the same medical training before they specialize, so they'll catch anything important, right?

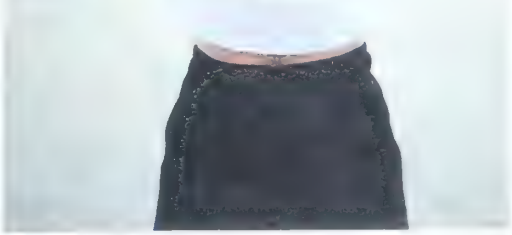
The answer depends on your gynecologist. "A breast check and a Pap smear do not constitute an adequate exam at any age," says JoAnn Pinkerton, M.D. "But women's health specialists are taking a broader view of patient health than in the past."

If you are generally healthy and your gynecologist gives you a more-than-standard exam (including "extras" such as a cholesterol test) and discusses all your concerns, that may be all you need. But if she's ignoring those issues and is the only doctor you see regularly, you're not doing all you can for your health. If you have a family physician but see her only when you're sick, you're missing a chance for your doctor to observe and note what's normal for your body, says R. Michael Morse, M.D.

During your forties and fifties, the list of recommended screening tests lengthens, and the likelihood of problems increases. So if you rely only on your gynecologist during your thirties, you may want to consider an annual trip to the family physician as you get older.

Top Questions Women ASK THEIR DOCTORS





Q I have a funny mole on my arm that hasn't changed in years. Should I be concerned?

A Skin cancer can kill, so don't allow any suspicious-looking skin growth to go unchecked. Basal cell carcinoma, for example, grows slowly but at the same time quietly attacks nearby bone and other tissue if it's not treated.

Early detection of skin cancer means checking skin regularly and knowing the "ABCD" warning signs: an **A**symmetrical mole; an uneven or jagged **B**order; a dark **C**olor (ranging from brown to blue-black); and a **D**iameter greater than the eraser on a standard pencil (5 millimeters).

Q I've been told I have lumpy breasts. Does that mean I have a higher risk of getting breast cancer?

A "Your risk isn't higher, but you do have to be more careful about breast screening," says Laurie Fajardo, M.D. Increased screening is recommended so problem lumps don't get discounted as benign ones. In addition to regular medical exams and mammograms (which for most women begin at age forty), a woman with naturally lumpy breasts should do her self-exams each month after her period, when breasts are least lumpy. That way, she's most likely to notice lumps that are not caused by hormones.

Q I see conflicting health "discoveries" almost daily in the headlines. How am I supposed to know what to do?

A New findings make terrific headlines, but scientists warn that any one study is not proof. Researchers test the same theories again and again until they accumulate enough evidence to be sure they haven't made a procedural mistake. So when you read about those groundbreaking findings, remember that the old tried-and-true may have more testing behind it. Basically, don't change your health habits based on one or two headlines. Stick to well proven, moderate habits until a better approach has been well tested—for example, if three independent studies find the same result.

And, as researchers frequently say, [illegible]



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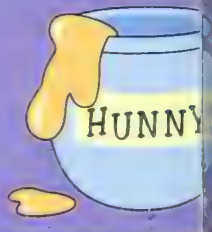
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Premiere QUALITY

(continued from page 138) heart attack at age sixty-seven. Had her grandmother been fifty-five or younger at the time of her fatal attack, Tamilee's chances of developing heart disease would be greater, says Dearing Johns, M.D. Still, the presence of heart disease in a direct female relative should encourage Tamilee to aim for a healthier diet along with regular exercise.

Although the closest gym is a half-hour drive from her rural home, Tamilee used to make the trip regularly. "But after my third child was born, it got harder to drive all the way into town just to exercise. Once I got there, there was always another errand, like grocery shopping, that I needed to do instead."

An hour-plus aerobics class certainly isn't realistic right now, but Tamilee can expand her definition of a workout to ease back into exercise. For example, a fifteen-minute walk done from home can help her reestablish this healthy habit. And, done regularly, those walks will provide a mental "time-out" from the ordinary stresses of motherhood, improve the quality of her sleep—and increase her energy level, too.

Tamilee and her husband feel that having three kids is "just right," so she's ready to discuss more permanent birth-control options with her doctor. Although they've talked about sterilization, Tamilee acknowledges that it's difficult to close the door on her fertility while she's still in her twenties. "There's a part of me that hesitates, even though I'm not planning more children," she explains. "My husband was widowed before we met and I'm sure he never thought *he'd* want more children. But you never know."

Women who haven't reevaluated their birth-control method in years may be pleasantly surprised by the newer options: Long-acting progesterone injections are effective for three months. Norplant, a series of thin rods under the skin, lasts five years. And a new IUD, the ParaGard, can remain safely in place for ten years.

Weight-bearing exercise can protect your bones at any age



(continued from page 143) too good to be true probably is. So the new eat-everything-and-still-lose-weight pill or surefire cancer cure is probably not going to work. If it turns out that the new cure does work, you're certain to hear about it.

Of course, if you believe something works, sometimes it does—that's the placebo effect. So don't rule out all new treatments, but do ask your doctor if they are safe.

Q If heart disease is the number-one threat to women's health, why don't I know any women with heart disease?

A Heart disease is more likely to be undetected than in men. And in over half of cases, a sudden and *deadly* attack is a woman's first symptom. But the statistics are sobering: Cardiovascular disease kills more women each year than all cancers, lung disease, diabetes, accidents and AIDS *combined*.

When a heart attack strikes, women are more likely to misread the symptoms and delay getting to the emergency room. Doctors are also more likely to dismiss the complaint. Why? Women tend to have different symptoms. While some do report the well-known squeezing chest pain, others simply feel fatigue, a racing heart and breathlessness—like a panic attack, which is the common misdiagnosis. And women are more likely to die from their first heart attack than men are.

Women also have more "silent" or symptomless heart attacks than men do. And because these are unnoticed and therefore untreated, they leave a woman unaware that she has a problem and is vulnerable to a second, more serious attack.

Even when women do get treated and survive a heart attack, they often don't recover as well as men do. They're likelier to drop out of prescribed exercise programs, for example, and quicker to resume regular duties at home.

Q Now that I'm in my forties, isn't it too late for me to increase my bone density?

A Most women reach their peak bone density by age thirty. But that doesn't mean you should give up on your skeleton. "There's plenty you can do to slow, or even prevent, bone loss after age forty," says (continued)

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As with all prescription medications, side effects may occur. Always talk to your healthcare provider about any medication you may take. When ZYRTEC tablets were studied, most side effects were mild to moderate. Dose- or treatment-related events included drowsiness (13.7% vs 6.3% for placebo), fatigue (5.9% vs 2.6%), and dry mouth (5.0% vs 2.3%). Only one out of one hundred patients stopped taking ZYRTEC due to drowsiness.

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effect. **Carcinogenesis, Mutagenesis and Impairment of Fertility:** No evidence of carcinogenicity was observed
commended human daily oral dose on a mg/m² basis). An increased incidence of benign liver tumors was found in a 2-
year carcinogenicity study in male mice at a dietary dose of 16 mg/kg/day (approximately 4 times the maximum recom-
mended human daily oral dose on a mg/m² basis). The clinical significance of these findings during long-term use of
Pregnancy Category B
recommended adult human daily oral dose on a mg/m² basis), respectively. There are no adequate and well-controlled
Nursing Mothers
dams were given cetirizine at 96 mg/kg/day (approximately 40 times the maximum recommended adult human daily oral
in nursing mothers is not recommended. **Geriatric Use:** In placebo-controlled trials, 186 patients aged 65 to 94 years
Pediatric Use
demonstrated in 376 pediatric patients 6-11 years of age in placebo-controlled trials lasting up to four weeks and in 254
patients in a non-placebo-controlled 12 week trial. The effectiveness of ZYRTEC for the treatment of seasonal and peren-
nial allergic rhinitis and chronic idiopathic urticaria in this pediatric age group is based on an extrapolation of the demon-
strated efficacy of ZYRTEC in adults in these conditions and the likelihood that the disease course, pathophysiology and
the drugs effect are substantially similar between these two populations. The recommended doses for the pediatric popu-
lation are based on a cross-study comparison of the pharmacokinetics and pharmacodynamics of cetirizine in adults and
pediatric subjects and on the safety profile of cetirizine in both adults and pediatric patients at doses equal to or higher than
the recommended doses. The cetirizine AUC and Cmax in pediatric subjects 6-11 years of age who received a single dose
of 10 mg of cetirizine tablets and those who received a single dose of 20 mg of cetirizine tablets. **ADVERSE REACTIONS**
Controlled and uncontrolled clinical trials conducted in the United States and Canada included more than
ranged from 1 week to 6 months, with a mean exposure of 30 days. Most adverse reactions reported during therapy with
ZYRTEC were mild or moderate. In placebo-controlled trials, the incidence of discontinuations due to adverse reactions in
patients receiving ZYRTEC 5 mg or 10 mg was not significantly different from placebo (2.9% vs. 2.4%, respectively). The
most common adverse reaction in patients aged 12 years and older that occurred more frequently on ZYRTEC than place-
bo was somnolence. The incidence of somnolence associated with ZYRTEC was dose related, 6% in placebo, 11% at 5
mg and 14% at 10 mg. Discontinuations due to somnolence for ZYRTEC were uncommon (1.0% on ZYRTEC vs. 0.6% on
placebo). Fatigue and dry mouth also appeared to be treatment-related adverse reactions. There were no differences by age,
race, gender or by body weight with regard to the incidence of adverse reactions. Table 1 lists adverse experiences in
patients aged 12 years and older which were reported for ZYRTEC 5 and 10 mg in controlled clinical trials in the United
Table 1 Adverse Experiences Reported in Patients aged 12 years and older in Placebo Controlled United States ZYRTEC Trials (Maximum Dose of 10 mg) at Rates of 2% or Greater (Percent Incidence) ZYRTEC (N=2034) vs Placebo (N=1612) respectively:
common in placebo patients. Pediatric studies were also conducted with ZYRTEC. More than 1300 pediatric patients (6 to
11 years), with more than 900 treated with ZYRTEC at doses of 1.25 to 10 mg per day were included in controlled and
uncontrolled clinical trials conducted in the United States. The duration of treatment ranged from 2 to 12 weeks. The major-
ity of reported adverse reactions reported in pediatric patients (6 to 11 years) with ZYRTEC were mild or moderate. In place-
bo-controlled trials, the incidence of discontinuations due to adverse reactions in pediatric patients receiving up to ZYRTEC
10 mg was uncommon (0.4% on ZYRTEC vs. 1.0% on placebo). Table 2 lists adverse experiences which were reported for
ZYRTEC 5 and 10 mg in pediatric patients (6 to 11 years) in placebo-controlled clinical trials in the United States and were
Table 2 Adverse Experiences Reported in Pediatric Patients (6 to 11 years) in Placebo-Controlled United States ZYRTEC Trials (5 or 10 mg dose) Which Occurred at a Frequency of 2% in Either the 5 mg or the 10 mg ZYRTEC Group, and More Frequently Than in the Placebo Group. ZYRTEC 5 mg (N=161), 10 mg (N=215) vs Placebo (N=309)
Ecstasis (3.7%, 5 mg; 1.9%, 10 mg; 2.9%, placebo). Bronchospasm (3.1%, 5 mg; 1.9%, 10 mg; 1.9%, placebo). Nausea (1.9%, 5 mg; 2.8%, 10 mg; 1.9%, placebo). Vomiting (2.5%, 5 mg; 2.3%, 10 mg; 1.0%, placebo). The following events were observed infrequently (less than 2%), in either 3982 adults and children 12 years and older or in 659 pediatric (6 to 11 years) patients who received ZYRTEC in U.S. trials, including an open adult study of six months duration; a causal rela-
tionship with ZYRTEC administration has not been established. **Autonomic Nervous System:** anorexia, urinary reten-
tion, flushing, increased salivation, dry mouth. **Cardiovascular:** palpitation, tachycardia, hypertension, cardiac failure.
Central and Peripheral Nervous Systems: paresthesia, confusion, hyperkinesia, hypertonia, migraine, tremor, verti-
go, leg cramps, ataxia, dysphonia, abnormal coordination, hyperesthesia, hypoesthesia, myelitis, paralysis, ptosis, twitch-
ing, visual field defect, syncope, dizziness. **Gastrointestinal:** increased appetite, dyspepsia, abdominal pain, diarrhea,
flatulence, constipation, vomiting, ulcerative stomatitis, aggravated tooth caries, stomatitis, tongue discoloration, tongue
edema, gastritis, rectal hemorrhage, hemorrhoids, melena, abnormal hepatic function, eructation. **Genitourinary:**
dysuria, urinary tract infection, cystitis, dysuria, hematuria, micturition frequency, urinary incontinence. **Hearing and
Vestibular:** earache, tinnitus, deafness, ototoxicity. **Metabolic/Nutritional:** thirst, dehydration, diabetes mellitus.
Musculoskeletal: myalgia, arthralgia, arthrosis, arthritis, muscle weakness. **Psychiatric:** insomnia, sleep disorder, ner-
Respiratory System
disorder. **Reproductive:** dysmenorrhea, female breast pain, intermenstrual bleeding, leukorrhea, menorrhagia, vaginitis.
Reticuloendothelial: lymphadenopathy. **Skin:** pruritus, rash, dry skin, urticaria, acne, dermatitis, erythematous rash,
increased sweating, alopecia, angioedema, furunculosis, bullous eruption, eczema, hyperkeratosis, hypertrichosis, photo-
sensitivity reaction, photosensitivity toxic reaction, maculopapular rash, seborrhea, purpura, skin disorder, skin nodule.
Special Senses: taste perversion, taste loss, parosmia. **Vision:** blindness, loss of accommodation, eye pain, conjunc-
tivitis, xerophthalmia, glaucoma, ocular hemorrhage. **Body as a Whole:** increased weight, back pain, malaise, fever,
asthenia, generalized edema, periorbital edema, peripheral edema, rigors, leg edema, face edema, hot flashes, enlarged
abdomen, nasal polyp, pain, pallor, chest pain, accidental injury. Occasional instances of transient, reversible hepatic
transaminase elevations have occurred during cetirizine therapy. A single case of possible drug-induced hepatitis with sig-
nificant transaminase elevation (500 to 1000 IU/L) and elevated bilirubin has been reported. In foreign marketing experi-
ence the following additional rare but potential severe adverse events have been reported: hemolytic anemia, thrombocy-
DRUG ABUSE AND DEPENDENCE There is no information to indicate that abuse or dependency occurs with ZYRTEC.
OVERDOSAGE Overdosage has been reported with ZYRTEC. In one adult patient who took 150 mg of ZYRTEC, the
patient was somnolent but did not display any other clinical signs or abnormal blood chemistry or hematology results. In
an 18-month-old pediatric patient who took an overdose of ZYRTEC (approximately 180 mg), restlessness and irritability
were observed initially. This was followed by drowsiness. Should overdose occur, treatment should be symptomatic or sup-
portive, taking into account any concomitantly ingested medications. There is no known specific antidote to ZYRTEC.
ZYRTEC is not effectively removed by dialysis, and dialysis will be ineffective unless a dialyzable agent has been con-
comitantly ingested. The acute minimal lethal oral doses in mice and rats were 237 and 562 mg/kg, respectively (approx-
imately 55 and 265 times the maximum recommended human daily oral dose on a mg/m² basis). In rodents, the target of
DOSAGE AND
ADMINISTRATION Adults and Children 12 years and older: The recommended initial dose of ZYRTEC is 5 or 10
individual patient needs. In patients with decreased renal function (creatinine clearance 11-31 mL/min), patients on hemodialysis,
Children 6 to 11 years
spoons) once daily depending on symptom severity. The time of administration may be varied to suit individual patient

CL089A97M-2A © 1997 Pfizer Inc Pfizer Inc. Pharmaceuticals Group ucb Pharma

(continued) Alan Dalkin, M.D., an associate profes at UVa and an osteoporosis expert.

First, make sure you're getting 1,000 mg of calc per day (postmenopausal women who aren't takin trogen should increase that to 1,500 mg daily). If diet doesn't include four 8-ounce servings of mil other dairy products per day, take calcium sup ments as well.

Second, start exercising. Weight-bearing exer helps keep bones strong. Workouts such as runn step aerobics and jumping rope maintain bone d because they're relatively high-impact. And remem Weight-bearing doesn't just mean lifting weights. walking can protect bone density—it's consider weight-bearing exercise because your body is weight. But weightless workouts, such as swimm don't measure up for bone benefits.

Finally, when menopause arrives, consider horm replacement therapy. Estrogen not only protects ag bone loss—it has been shown to *increase* bone den in some cases.

With these three steps, "you can cut your chanc bone fracture in the future by more than fifty perce Dalkin estimates. And for many older women, a fracture begins a downward health spiral that even ly can be fatal.

Q I'm forty-eight and I'm skipping a period every and then. Is this menopause?

A The average age of menopause is fifty-one. symptoms may begin three to five years ea Doctors call the transition stage *perimenopause*. "It be a time of menstrual irregularity, hot flashes, n sweats, insomnia and worsened PMS symptoms," JoAnn Pinkerton, M.D.

Periods may gradually taper off during p menopause, but it's also common for bleeding to come heavier and periods to come more freque Although ovulation becomes irregular, it is still pos to get pregnant. So don't be too hasty in giving up control. Officially, perimenopause isn't complete postmenopause has not begun until you've been v out a period for a full year.

Q When it comes to drinking alcohol, how mu "moderate," and how much is too much?

A One five-ounce glass of wine a day (or its equi lent) is considered moderate—and may even b tribute to heart health. And at least fifty studies h shown that alcohol may play a role in breast-can risk. One study found that women in their thirties h consume two or more alcoholic drinks per day h have an 80 percent increased risk of breast cancer.

Also, five ounces of wine has about 100 calorie a few drinks can quickly increase your calorie coun the day, and may lead to weight problems.

"It's an individual decision," says Madeleine Chapl M.S.N., R.N., a substance-abuse specialist. "But wh

with diabetes or high blood pressure should be extra cautious. And, after age sixty, cutting down is important for all women because the body does not process alcohol as well as it ages."

Health-care professionals use four questions to ascertain whether a person has a problem with alcohol: Have you ever thought about cutting down your drinking? Have people annoyed you by criticizing your drinking? Have you ever felt bad or guilty about your drinking? Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover?

If you answer yes to one of these questions, you have a possible alcohol problem; two yes answers mean you have a *probable* problem with alcohol—and you should consider the impact of alcohol on your life, your relationships and your health.

Q: How can I be sure my Pap test results are accurate?

A: Start by giving your doctor an accurate sample: For a day or two before your checkup don't use a tampon (which can absorb abnormal cells) or a douche (which washes them away).

Next, ask your doctor how he collects cells. A newer brush collection method, called ThinPrep, is better than the old method because it produces a higher-quality sample. "ThinPrep samples are collected on a plastic brush, which is then sealed in a vial and sent to the lab," explains Peyton T. Taylor, Jr., M.D. The lab technicians retrieve the cells from the brush and prepare a slide with a large number of cells. Traditionally, doctors wipe a collection brush on a slide in their office and send that to the lab, discarding the cells still on the brush. Even worse: Before brushes, doctors used cotton swabs that absorbed most of the cells collected. Also, ask your doctor if he uses a lab with AutoPap or PapNet.

Finally, if after two weeks you haven't received word about your results, call your doctor and ask.

Q: When I mentioned to my doctor that I was "stressed out," he referred me to a counselor. Does he think I'm crazy?

A: No, he's just looking out for your health. Doctors now know that chronic stress can elevate your blood pressure, increasing your risk of a heart attack or stroke. It can also compromise your immune system, leaving you vulnerable to a variety of ailments, and if left unchecked, stress can place you at risk for depression. (Women are about two times more likely than men to suffer from major depression.) Be alert to symptoms: weight or appetite changes, irritability, sleep changes, apathy and a blue mood that lingers for several weeks.

It's estimated that about 75 percent of women who are depressed don't seek treatment. But help is available. By talking to a counselor—or learning stress-management techniques—you'll develop a healthier response to everyday stress. ●



Urinary pain?

Trust the #1 doctor recommended brand for fast relief.

The burning, the stinging, not to mention the unrelenting urge to urinate. And what makes urinary pain even more frustrating is thinking you have to live in agony until you can get to your doctor.

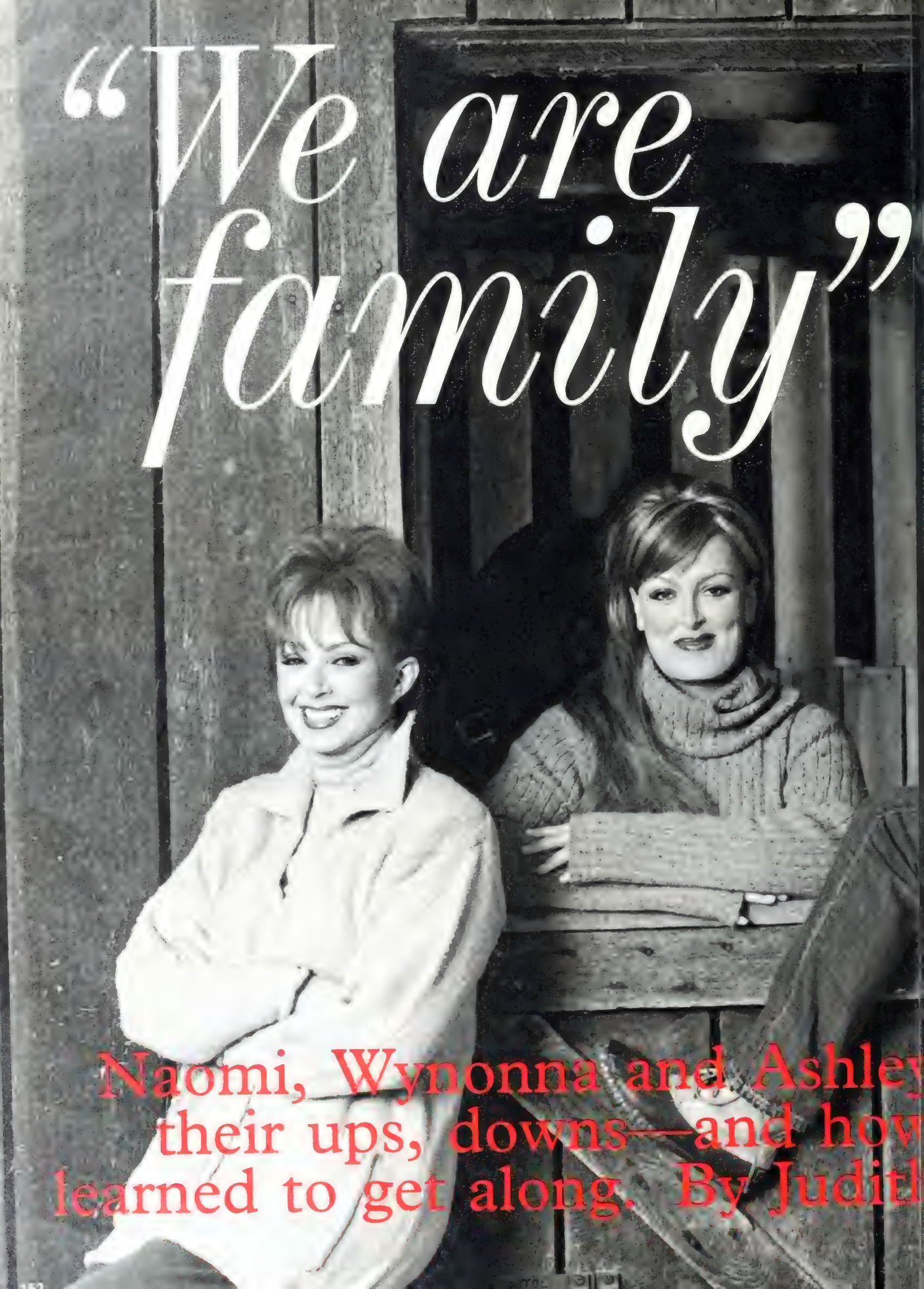
URISTAT,™ from the makers of MONISTAT,® is the #1 doctor recommended brand for relieving urinary pain. You'll start to feel better with just the first two tablets.

URISTAT.™



only as directed URISTAT ™ provides temporary pain relief. You must

"We are family"



Naomi, Wynonna and Ashley their ups, downs—and how learned to get along. By Judith



Judd share they finally Newman

The Judd women are being photographed in mother Naomi's cotton-candy-pink bedroom, and it's safe to say not everyone is having the same amount of fun. Daughter Ashley, an actress, reclining in a formfitting gown sans underwear, looks as sleek and contented as a mermaid; Naomi, "the well-behaved one," as she calls herself, is impatient with the endless delays but eager to please; and Wynonna—that extraordinary voice packaged in a body and face that recalls the tough beauty of women in early Steichen photographs—is downright grumpy. "I'm my own person, Mother," Wy huffs, as Naomi tries to fuss with her daughter's flaming red do. ("We call her Miss Hormone," Naomi whispers later.)

But as a lightning storm rages theatrically outside Naomi's five-hundred-acre Tennessee farmstead, a spirit of cooperation eventually prevails. The camera clicks away.

Wy: Is it stuffy in here? Or is it just my career?

Naomi: It's either your career or my hot flashes. [Everyone smiles for the camera. Naomi addresses the assembled audience of photographers, stylists and handlers.] I want y'all to know my daughters don't chew or cuss or drink or dance . . .

Ashley: Or have sex.

Wy: And if we do, it's only in the missionary position. And we don't enjoy it.

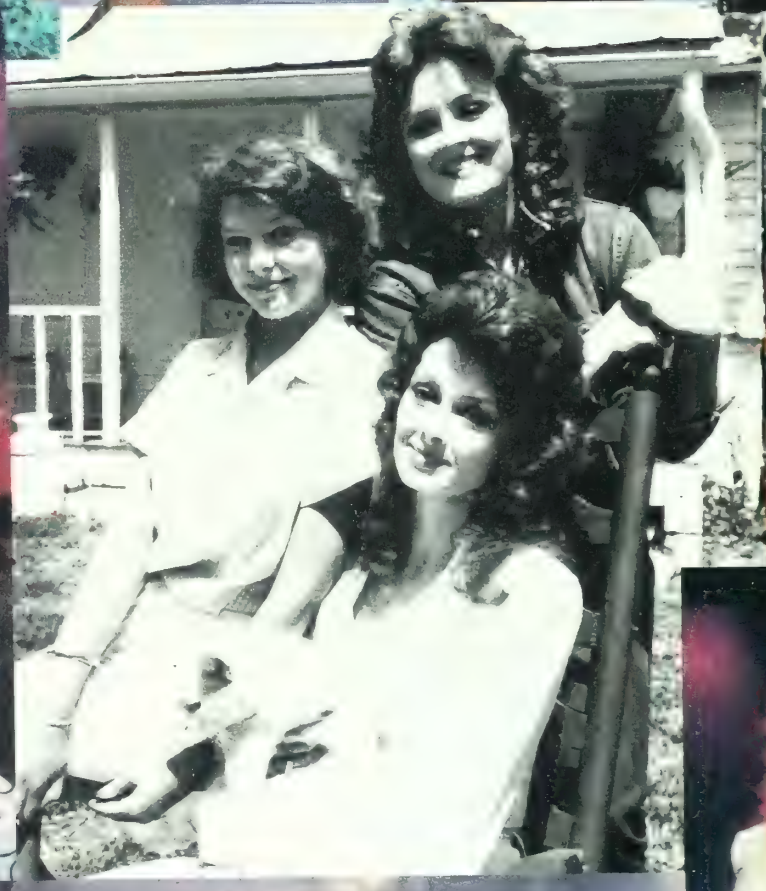
Clearly, this is a family used to jollying each other out of its little moods. But then again, the three women have a lot to smile about these days. As the country-singing duo The Judds, Naomi and Wynonna sold more than fifteen million record albums and won six Grammys and eight Country Music Association Awards during the 1980s; Naomi's office/shrine is covered floor to ceiling with gold and platinum records and these awards (not to mention the trinkets of parenting, like a commemorative plate that begins, "What Is A Mother?"). Since her 1990 diagnosis with hepatitis C, a potentially fatal liver virus, Naomi, fifty-two, has quit touring and written a best-selling autobiography; she has just released a down-home Southern cookbook and, soon, a series of inspirational tapes for women exploring new spiritual pathways. (The license plate on her Mercedes reads FAITH1.) She has left her daughter to, as she puts it, "individuate." Wynonna, thirty-three, has been doing so with a vengeance.

Wynonna's first solo album sold a million copies in five days, and her latest effort, *The Other Side*—a combination of velvety ballads and growling rockers—may be her strongest album yet.

And Ashley? During the photo shoot, the twenty-nine-year-old receives a call from someone apparently bearing very good news: "Uh-huh. Huh! I'm proud of you, too. *Love them zeros!*" Undoubtedly, after her fierce, passionate performance in the serial-killer thriller *Kiss the Girls*, the zeros on Ashley's contracts are piling up almost as fast as the glamorous men she's dated, including Matthew McConaughey, Lyle Lovett and Michael Bolton. *(continued)*











(continued) But for all their individual success, this family is not exactly The Brady Bunch. "I have raised two very different, creative, creatively different, strong-willed daughters," says Naomi. "They express themselves very differently than I do."

Spend a little time with the Judds and their menagerie (both Naomi and Wynonna own horses and multiple, tiny fluff dogs, and Wynonna keeps a buffalo named Bill on her property), and you'll learn something about the craziness and closeness of a matriarchal family. This is a triumvirate that has battled, but has also suffered and triumphed together. They have known poverty. During the eight years Naomi and Wynonna performed together, the mother and daughter were almost constantly at each other's throats; yet when Naomi decided to quit performing, Wynonna was plunged into a depression that only time and the birth of her two children, Elijah, three, and Grace, one and a half, healed.

According to one family friend, the sisters have gone for months without speaking to each other, yet Wy has dedicated songs to Ashley. Publicly, Ashley has taken the occasional swipe at her mother for not being available when she was in her early teens; carving out a role as the family scholar, Ashley has hinted, was partially a bid for her mother's approval and attention. (A high-ranking student at the University of Kentucky, she did not graduate, as numerous articles have previously reported.)

"The relationship between mothers and daughters is so much more complex than even the relationship between a man and a woman," Naomi continues. "It's so primal, you can never escape it. We're never going to have it all together. But we've been building skills in the last few years that have brought us together in ways we haven't been before."

Just how have these three strong-minded women learned to get along? "We have the same moral source and same beliefs in both personal responsibility and accountability," explains Ashley. All are Pentecostals and deeply spiritual. Ashley is the family liberal; Naomi the conservative. Wynonna tries to be "a Judd, not a judge" when it comes to other people's life choices. This, after all, is the woman who never considered abortion despite the risk she knew an out-of-wedlock child posed to her career, and who waited until she was pregnant with her second child before marrying their father, Arch Kelley III, a Nashville yacht salesman, in 1996.

A family album (clockwise from top left): Naomi, Ashley and Wynonna in Kentucky in 1972; with Wynonna's son, Elijah, in 1995; Ashley at Wynonna's wedding in January 1996; Naomi and Wynonna at a friend's recording studio in 1978; Wynonna onstage in 1989; Ashley in *Kiss the Girls* (1997); mother and daughters in the early days (1971); Naomi performing in 1989; the happy family in Tennessee in 1984

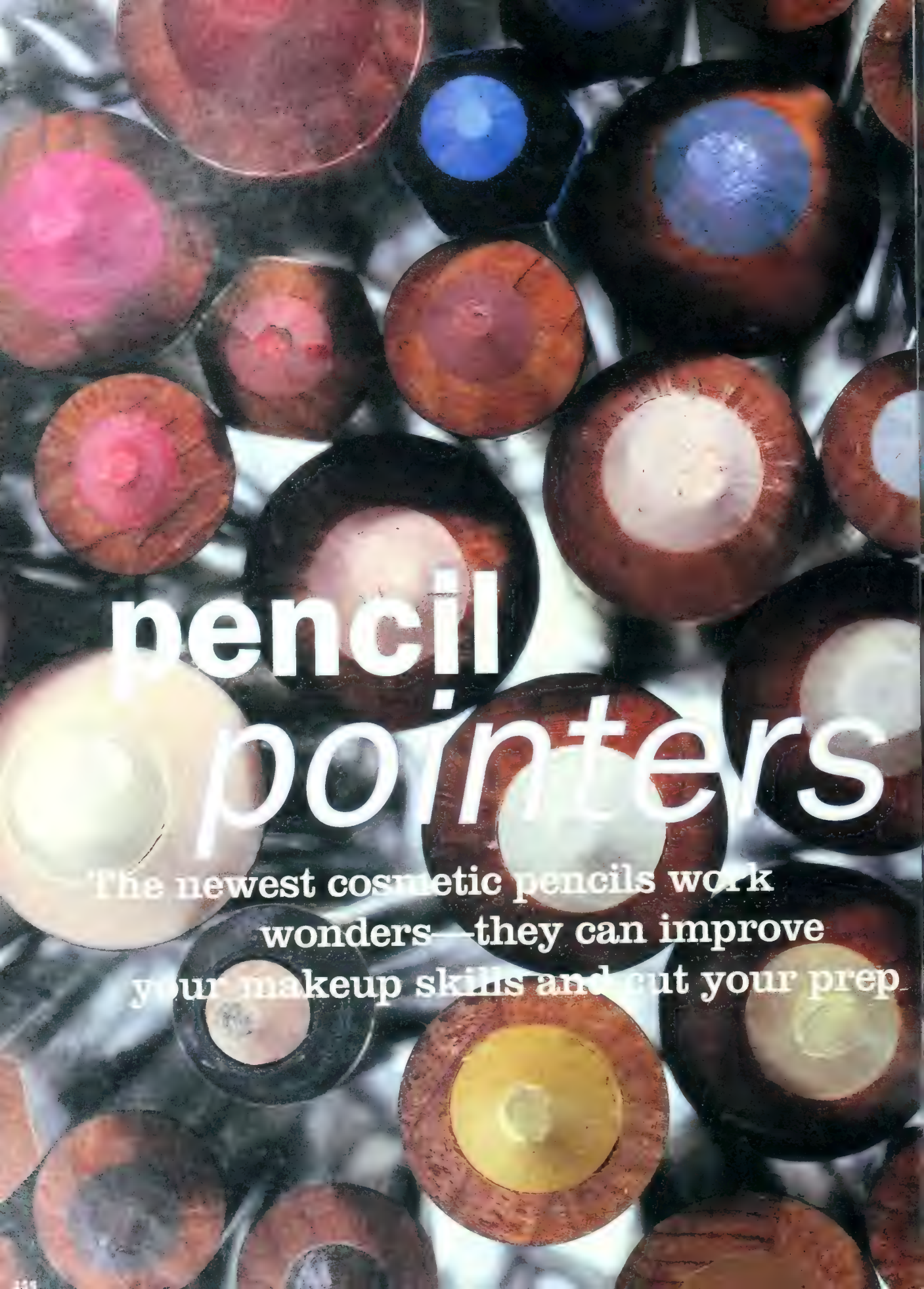
Late at night, we're sitting around Naomi's dinner table after an orgy of fried chicken and pizza. (No junk food for Ashley, though—the five-foot-seven-inch, size-4 actress is a vegetarian. "Well-being is about good rest, lots of fresh water and a big greasy sweat on a daily basis," she says.) The family is not exactly shy about dissecting their dynamics: although they admit that in the past they have "tortured each other," as Wynonna puts it, they also have learned to revel in each other's differences. "I'm the ears, Ashley's the eyes—the visual part of the family—and Mom's the mouth," begins Wynonna. "She's the speaker and the teacher, the one who keeps us focused on where we want to go, but also reminds us of how far we've come."

Naomi grew up in a modest home in rural Kentucky, a small-town good girl who nevertheless got pregnant with Wy after a one-night stand with a classmate. After moving to Los Angeles with her first husband, Michael Ciminella (Ashley's biological father), Naomi chose poverty over unhappiness and boredom: She left him, eventually moved back to Kentucky and waitressed while attending nursing school.

Two years later, Naomi moved again, this time to Marin County, north of San Francisco, where she supported her family by working as a nurse and singing in tiny dives with Wynonna. They developed a following, and eventually moved to Nashville, where they soon were signing a record deal with RCA. "The thing I bought with the money from my first RCA check in 1983 was a set of Clairol hot rollers," says Naomi with a laugh. From not being able to buy enough food and living in a small, rundown cabin in Kentucky, the Judds went on to become the top-selling duo in country music. And by the time they did their farewell tour in 1991, they were the number-one touring act in their industry.

It was clear that even when Mom and Sis were raking in the money, Ashley was not going to get a free ride: Before she started getting attention for movies like *Ruby in Paradise* and *Heat*, she worked at the Ivy, a glitzy Los Angeles restaurant. Today, Ashley's material-girl wish list reflects the distance the family has come from hot rollers: "I'm saving up for my own jet," she says. "I want a treadmill and a StairMaster on there. I want to sleep in a quasi-normal bed—or, depending on the company, *not* sleep!" (Wynonna gasps when she hears about Ashley's plane obsession, but admits that when *she* got her own money for the first time at eighteen, "I went to New York City and maxed out my credit card. When I went home, my manager took a pair of scissors and cut my card into tiny little pieces.")

Also helping to give the Judd women common purpose are Wynonna's two children. Naomi keeps a crib for her grandchildren in her bedroom; Ashley, who has lived in a house on Wynonna's property outside of Nashville since her Malibu home burned down in 1993, travels everywhere with Mr. Bear and Mr. Rabbit, two mangy stuffed toys that have been *her* sleeping aides ever since she spent the first *(continued on page 213)*

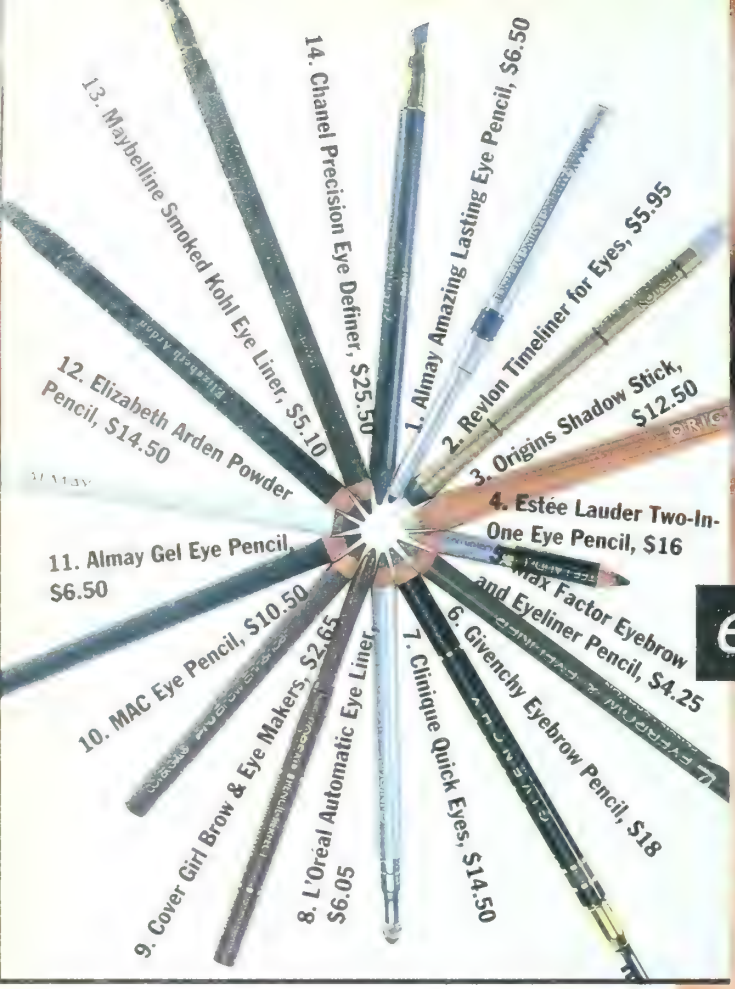


pencil pointers

The newest cosmetic pencils work wonders—they can improve your makeup skills and cut your prep



time to minutes. Our smart beauty guide will take the guesswork out of choosing. By Lois Joy Johnson





eyes

NEW 1. Transfer-Resistant Pencil
No touch-ups needed, but blending time is short before it sets—so work fast!

NEW 2. Eye-Brightening Pencil
In white, beige or silver to rim small or tired eyes at lashline. A quick wake-up.

NEW 3. Fat Pencil
Gives quick contour with no blending. Best shades: taupe and light brown.

NEW 4. Dual-Color Pencil
Pure fun. Layer colors to customize or use one above, one below.

5. Dual Brow/Eye Pencil
The standard efficiency option. Color range limited to basic haircolor shades.

6. Brow Pencil and Groomer
The best help for thick or wiry brows. The brush shapes the brow and removes excess makeup.

7. Shadow and Liner Pencil
A coordinated timesaver if you feel naked without both.

8. Self-Sharpening Pencil
A good "purse-pencil."

9. Brow Pencil
A basic taupe works for everyone.

10. The Classic Pencil
Apply over foundation—primed lids offer more glide.

NEW 11. Gel Pencil
Water-based formula has silky "liquid" feel with no drag on sensitive lids.

NEW 12. Powder Pencil
Gives soft, crepey lids a smoky line that's clean—no squiggles.

13. Kohl Pencil
Densely pigmented; gives strongest definition. Ideal for evening.

14. Sponge-Tip Pencil
Allows messless blending, especially for lower lids.

PRO TRICKS

For deep-set eyes: Keep the liner thin and add a subtle undereye smudge.

For droopy eyes: Widen the line toward outer eye and blend slightly up.

For small eyes: Line with a highlighter pencil.

For heavy lids: Keep liner more intense at outer corners; opt for a broader line.

For round, bulgy eyes: Define outer corners mostly to elongate.

new concealers



For easier, more accurate cover-ups—and for better coverage of tiny spots like broken blood vessels, inner-eye corners and isolated blemishes—choose a skin-tone match or a pastel to counteract excess red or blue undertones. We especially like Physicians Formula Gentle Cover Concealer ($4.50), Professionals Concealer ($15) and Lancôme Face-Perfecting Pencil ($15).

PRO TRICK Use a skin-tone pencil to color brow hairs prior to tweezing for a foolproof line.



lips

1. Classic Lipliner
Line lips and fill them in for longer wear under traditional color or gloss. Best shade: nude.

NEW 2. Lip Pencil and Brush
Liner with brush attachment that softens edge and erases flaky bits at lipline.

NEW 3. "Fat Lip"
Creamy liner and lipstick goes on in one swoop for the fastest mouth.

NEW 4. Transfer-Resistant Pencil
Crisps up borders of transfer-resistant lipsticks.

PRO TRICKS To amplify a small, thin mouth, use a nude pencil to round out the upper lip only. Avoid sketching sharp peaks.

To make bright or deep lipsticks more casual (with mascara and jeans), substitute a nude liner to hold the color and give lips a softer definition.



1. THE BODY SHOP COLOURINGS FRAGRANCED COLOUR STICKS $7. 2. PRESCRIPTIVES BI-COLOR LIP/EYE PENCIL $16. 3. TRUCCO JUMBO PENCIL $10. 4. TRISH McEVOY LIP AND CHEEK PENCIL $18. 5. REVLON STREETWEAR JUMBO ALL-OVER PENCIL $5. 6. BENEFIT GILDED PENCIL $14.

double duty

Try these big "softies" for fast color definition.

Eye/Lip Pencil In One (#1, 2, 5)
Choose a neutral brown or berry for a one-minute face.

Lip and Cheek Pencil in One (#4)
Opt for a healthy pink, peach or plum glow.

Anywhere Highlighter Pencil (#3, 6)
Shimmer accent for cheekbones, lids and lips.

PRO TRICK Don't aim for precision—use broad strokes, then tap with finger to blend.



1. Bobbi Brown Essentials Lip Pencil, $15.50



2. Clarins Le Crayon Lévres with brush, $14



3. Maybelline Lip Express Lipstick N' Liner In One, $4.75



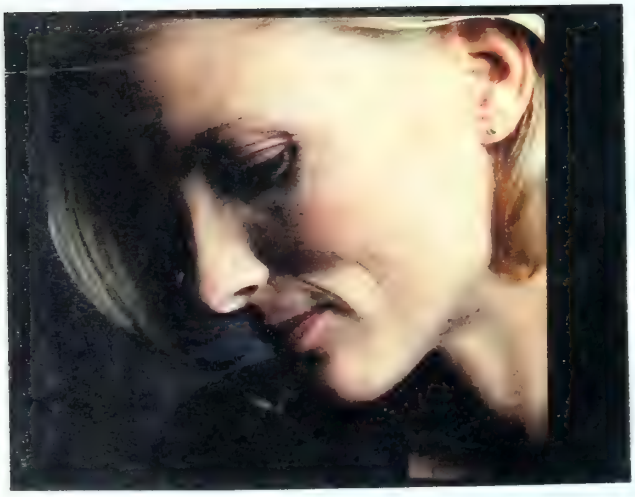
4. Revlon ColorStay Lipliner, $6.85

at www.lhj.com





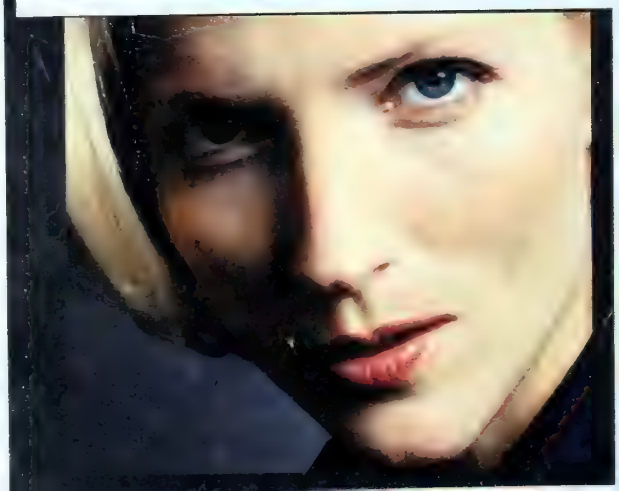
Black and White Wo





What Still Divide







men:



Us



Why, thirty years after we marched together to live together, are our lives so profoundly separate? An LHJ/ *Essence* magazine roundtable sets the stage for understanding.

A special report by Audrey Edwards

"What's the first thing you think of when I say 'White women'?"

"Intelligent."

"Manipulative."

"Privileged."

"And what's the first thing you think of when I say 'Black women'?"

"Strong."

"Determined."

"Attitude."

We're not usually asked such pointed questions, but we do certainly harbor perceptions, opinions and unconscious attitudes that get to the heart of how Blacks and Whites see each other. When *Essence* and *Ladies' Home Journal* magazines convened a roundtable discussion on race last fall to assess some of the issues that still divide Black and White women, tough questions were asked—and the perceptions were startling.

Why, after a defining civil rights movement in the sixties, a move to liberate women in the seventies and the push for affirmative action and diversity programs in the eighties, does race remain such a major issue? What emerged during the roundtable, as participants responded to a number of scenarios about race developed by the moderator, is that much of what troubles relationships between races in the nineties has to do with how each perceives not only its own experience, but also the experiences of the other. The views sometimes overlap, but they are never in total sync. The White women gathered, for instance, said they see Black women as strong, assertive and confident—and that's a strength. Black women said they see themselves as strong, assertive and vulnerable—and that's a burden. Black women saw White women as privileged, in control and protected—and that's an asset. White women saw themselves as privileged, guilty and uncertain—and that's unsettling.

Though we have all been shaped and sometimes even warped by race, how we see and interact with one another is a function not just of race but *(continued)*



"None of us is born a racist," Dr. Greer Wilson (right) assures a roundtable comprised of three African-American and three White women, joined here by editors from *Essence* magazine and the *Journal*, along with the writer. The group met at the University of Pennsylvania, in Philadelphia, to work on bridging the gap between Black and White

(continued) of age, gender, class and upbringing as well. "One of the things we know is that none of us is born a racist," says roundtable moderator Greer Dawson Wilson, Ed.D., a Black woman head of Greer & Co., a diversity consulting and training firm in Charlottesville, Virginia. "But based on where we come from, who our parents were, where we live, what kind of jobs we have, what kind of friends we have, all of those things end up being a value system that influences our racial attitudes."

Joining Dr. Wilson in the roundtable were six participants, three Black and three White. The Black participants were Terri Heard, twenty-nine, a Philadelphia writer for a national weekly magazine; Sandra Naves, thirty-four, from Grand Rapids, Michigan, a grievance coordinator at the Muskegon Correctional Facility, and Pynke (pronounced Pinky) Gohaner-Lyles, forty-eight, deputy director of the Monticello Area Community Action Agency, in Charlottesville, Virginia.

White participants included Laurel Touby, thirty-five, a freelance writer raised in Miami and now living in New York City; Debra Abbott, forty-six, originally from Long Island, New York, who runs the youth programs at the Monticello Area Community Action Agency in Charlottesville, and works for Pynke Gohaner-Lyles; and

Black women feel accept that they have

Mims Breckenridge Harris, fifty-seven, a native of Twin Falls, Idaho, who is director of campus activities at Colorado State University, in Fort Collins.

The group convened in the University of Pennsylvania's School of Nursing, in Philadelphia, for an all-day session that was at times raucous, at times painful, but always provocative. Conversations ranged from frank assessments of how we get along at work (the place Black and White women have the most interaction) to revealing admissions about power and privilege, fear and anger. Whether it is an informal meeting between Black and White women or a national initiative on race like the one called for by President Clinton, talking about race has never been easy. But only through open, honest dialogue will Blacks and Whites begin the tough process of getting to know each other. That's where racial healing and understanding start.

POWER AND PRIVILEGE

For the Black women convened, Whites can't begin to understand people of other races until they accept that they automatically have privilege and power in American society by virtue of simply being White. The resulting sense of entitlement informs all their perceptions, from the major to the mundane. Take the following scenario outlined by Greer Wilson: "At a workplace retreat, White women arrive in jeans and T-shirts and the African-American women arrive in skirts. One of the White women asks a Black woman why the African-American women are so 'dressed up.'"

"What's going on here?" Dr. Wilson asks. Laurel Touby, the White journalist, takes a guess: "Black women always dress up for regular functions because they want to be taken seriously?" Not quite, Wilson says. What's more to the point is that Whites as the majority race set the standards—consciously or unconsciously—and whenever they think Blacks are deviating, whether it's "dressing up" at a retreat or wearing their hair in cornrows, they often say and do things that make Blacks feel wrong when there really is no question of right and wrong.

"There was this petite White woman who came into the office one day wearing tight pants, and nobody said anything to her about the way she was dressed," recounts Sandra Naves, the Black grievance coordinator at a state

White women resent the implication a simple question could make them

Whites can't understand until they power simply because they are White

prison in Michigan. "And then another day a Black female came in wearing a skort set with a jacket and silk blouse and somebody made a comment about her being dressed up."

Obviously, much confusion, misunderstanding and resentment surround Black and White perceptions of each other on even the most mundane things. African-Americans have their own standards for what's appropriate when it comes to dress, hairstyles and other aspects of their culture, and resent it when they feel they have to continually explain these standards to Whites. Yet Whites, who often have genuine and innocent curiosity about Black culture, resent the implication that asking a simple question could make them racist. Who's right? Is anybody wrong?

The real question to Whites might be: Why do you feel the need to ask the question in the first place? And to Blacks: Why do you feel offended by the question? If you as a White woman are asking because a Black woman dressed differently rattles your notion of what's appropriate, where does that notion come from? Is that the only valid view? If you as a Black woman are offended by the question, what's the nature of the offense? That Whites still know so little about you? That you feel you're being held to standards not your own? Or are you so sensitive to racial slights that even an innocuous question can be misunderstood as racist?

The truth is, says Debra Abbott, the youth director at a human services agency in Charlottesville, Virginia, who is White and considers herself "a recovering racist," one of the hallmarks of White power and privilege is that "Whites don't really have to think about race at all." And a defining feature of the discrimination and oppression experienced by Blacks is that race can become almost all they think about when dealing with Whites. Such divergent points of view are bound to lead to conflict.

Pynke Gohaner-Lyles, deputy director of the community action agency where Abbott works, equates White power with the White need to control—to be superior. Even though she runs an agency of about a hundred people, she says, "I can be in a meeting where I'm the only woman of color in the room out of, say, fifteen Caucasian women. And if I or any other woman of color has an opinion, they may pretend to listen to it, but then it goes right out the window. I think a lot of White women really believe that we don't know what we're talking about—that we don't have the basis for talking."

that asking appear racist

As insulting as such White dismissiveness might be, Black women say, it is the unconscious, visceral reactions of Whites to Blacks that can be the most damaging. Terri Heard, an African-American who commutes by train from Philadelphia to the suburbs, told this disturbing story about her daily ride: "You get the corporate lawyers and business types on this line, and the train can get crowded—even packed—and no White person will sit next to me until they absolutely have to. I get the feeling no one is sitting next to me because I'm Black." Whites often don't get it; they don't acknowledge—or they don't care about—the debilitating psychological effects such actions have on Blacks. "There's a lot of shame and guilt involved with White people when it comes to race," says Abbott. "They don't want to own up to things like privilege and power or racist behavior. They feel, 'I did the civil rights thing—I marched in the sixties. We took *(continued on page 214)*

What Black and White Women Want

When we analyzed the responses of Black and White women to LHJ's American Woman Survey, a comprehensive look at women's lives today, we found a remarkable similarity. Both Black and White women are generally satisfied with their lives—though Black women's satisfaction comes from their extended families and their appearance, while White women's comes from their careers, finances, friends and spouses. Having children was equally rewarding for both groups, who also agreed that they need more sleep and more help from their husbands on housework and child care. Where do they differ? Black women are more upset about male/female inequality: Sixty-three percent (as opposed to 42 percent of White women) feel men have more sexual freedom than women do, and 59 percent (versus 46 percent of White women) feel men have more freedom in general. And when it comes to what we wish for, a much larger percentage of Black women than White named more money (79 versus 60), more time for themselves (70 versus 56), a better career (79 versus 51), marriage (47 versus 21) and more time for volunteer work (64 versus 51). The one thing White women wish for more than do Black women: to be thin (53 versus 39).

Wardrobe add-ons that won't blow your cash flow: A delicate layered slip skirt by XOXO ($52) is sporty despite its lingerie look and goes well with a casual sweater, like this cozy turtle from RALPH by Ralph Lauren. Opposite: a non-boring blazer—actually a newly shaped "car coat" with notch collar, welt seaming and patch pockets—will wake up a nine-to-five wardrobe. From Benetton ($172). We tried it over a knit sweater by Company for Ellen Tracy and slim stretch khakis from the Gap. Ballerina flats by Hirica for French Sole.



A
ST

BLUE REAK

There's no cure for the end-of-winter blahs like a shot of summer color. And this season, the bluer and brighter and bolder you go, the better




Cool on the eyes, fun to wear, unive
sun-bleached blues are



From left: You'll love the sexy side slits of this fitted baby-blue skirt by Dollhouse ($34), perfectly paired with Ballinger Gold's ribbed cardigan and Philippe Adec's fitted button-down. Catch someone's eye in Erik Stewart's blue-like-the-sky sweater set ($110), teamed with Chaiken & Capone khaki boot-legs. For that matter, wearing watercolor blue capri pants can also make quite a splash. These, by Philippe Adec ($167), are cigarette slim and look sensational with Guess' ruffle-trimmed cardigan and pastel-blue flats.

HAIR ACCESSORIES, TARINA LAUREN TARANTINO BAG, AMY CHAN AT APROPOS SANDALS, ANNE KLEIN SILVER BANGLES, WOUTERS & HENDRIX SUNGLASSES, SELIMA OPTIQUE

sally flattering. The new
what you call a real fashion windfall

THE HOUSE TH

Luxurious yet oh-so livable: Come tour the stunning
this year's New American Home. Produced by Kim



AT HAS IT ALL

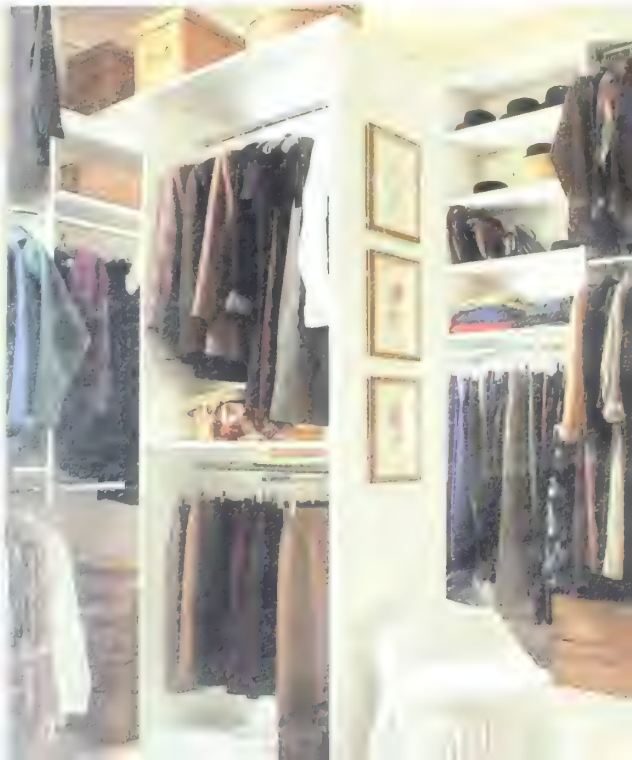
private quarters of berlie A. Waugh



The master bath (above) was designed so two people could take care of business at once. Windquest's walk-in closet organizers (below) have storage space and specialized compartments for long dresses, skirts, suits, shoes, necklaces, rings and earrings.

WHAT DO YOU GET WHEN you take the design trend toward bigger bedrooms and fancier baths, and then do it one better? You get a bathroom that could pass for a spa, and a master bedroom with more comforts than one in a five-star hotel. Not to mention closets that the term *walk-in* doesn't even begin to describe, or an en suite private office (he gets one, too). Last month, we toured the elegant public rooms of the ultimate dream house, the 1998 New American Home in Dallas, created by *Ladies' Home Journal* and building and design industry experts Gage Homes, Bloodgood Sharp Buster Architects & Planners, Inc., *Builder* magazine, the National Association of Home Builders and the National Council of the Housing Industry. Now, as we visit the private family quarters, we begin with the master suite, a world unto itself, where every luxury you could think of awaits, as well as some you would never imagine.

Comprising nearly a third of the house's ground floor, the 1,223-square-foot master suite is entered through its own very dramatic rotunda. The interconnected rooms (bedroom, bathroom, as well as his and her dressing rooms and studies) are equipped with so many amenities, "on some days, you might not find a compelling enough reason to leave," says Michael Foster, the project's interior designer. In the morning, you can skip the sleepwalk to the kitchen by grabbing that first cup of coffee from the *bathroom's* built-in coffee bar, furnished with a toaster and Sub-Zero refrigerator drawers for milk and juice. And spouses need no longer fret about being late for work on account of one's marathon showers or the other's monopolizing the mirror. His and her vanities, commodes and dressing rooms, as well as a separate Jacuzzi tub and pulsating shower, both by Kohler, mean spouses *(continued)*



Some days, you may not find a

(continued) don't have to lay eyes on, much less trip over, each other. (Of course, should a couple want to exchange a cheery hello, the shower and tub do have more than enough room for two.)

But perhaps the ultimate luxury are the two private sanctuaries meant to be studies. The one for the man of the household, for instance, is unmistakably masculine, with its Thomasville classic hunt desk, grass-cloth wall-coverings and rich wood cabinetry (which has customized compartments to conceal a computer printer and a fax machine). But having two offices, while undeniably princely, is practical, too: Though one study was completely contained within the suite, the other is accessible from either the rotunda or a separate outside entrance. This way, if either spouse runs a business from the home, clients won't have to traipse through the bedroom to get there.

And let us not forget the children, who have an upstairs haven to call their own (their bedrooms, each with bath, adjoin a spacious rec room). Using Glidden paint and Plaid Enterprises's tools, Penny Sanders' Studio created a playful, Matisse-inspired wall in the boy's room; in the girl's, Susan Goans Driggers customized a Mastercraft–S.J. Bailey & Sons unfinished trunk, apothecary chest and standing cheval mirror to match the floral motif of Wamsutta's bedding. Both rooms pay homage to modern art masters (in addition to the Matisse wall, there's a Nourison Kandinsky rug in the boy's room; in the girl's, there's a Deck The Walls Picasso reproduction).

Of course, no oasis is complete without water, and the designers thought of that, too, installing a pool in the backyard and surrounding it with planter boxes overflowing with greenery and flowers. On the patio, there's plenty of space for entertaining, sunning or just lounging on outdoor furniture from Barlow Tyrie, Inc., which happens to make furniture for England's royal family.

How utterly appropriate. The house that has it all has furniture fit for a queen. *—Deborah J. Baer*



In the recreation room upstairs, casual styling equals cozy family gatherings. Thomasville's blue jean and checkered fabrics and DuPont Stainmaster's durable carpeting make inevitable wear and tear manageable. Robert Allen's soft floral draperies, hung on rods with finials from Graber, are matched with Hunter Douglas shades.

good enough reason to leave



In the children's bedrooms, art appreciation starts early. And when it's time to get to work, Gateway 2000 laptop computers look as sleek as their surroundings



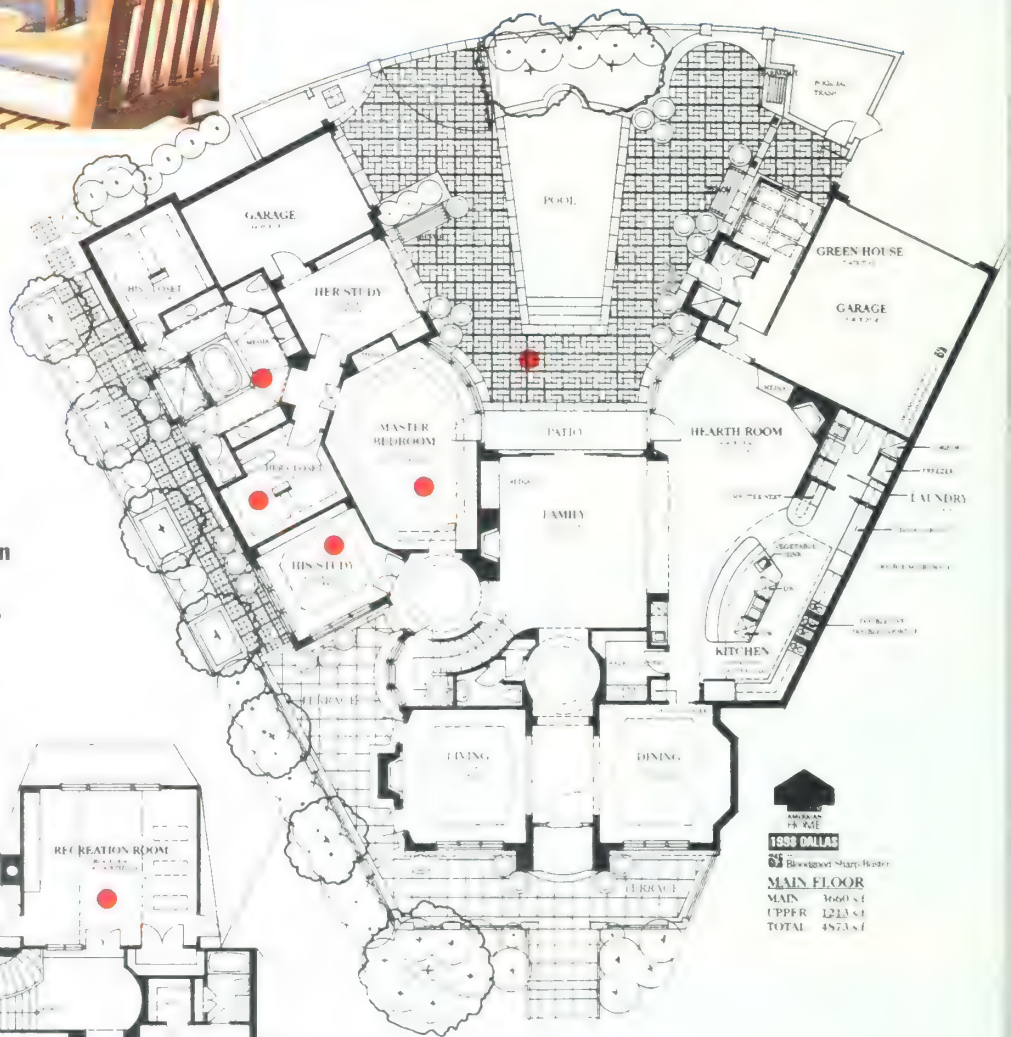


Room by room, upstairs and down, no creature comfort has been overlooked

FLOOR PLANS TO BUY

The rooms featured on these pages are marked with a red dot on the floor plan of The New American Home. By special arrangement with Bloodgood Sharp Buster Architects & Planners, Inc., you can purchase a detailed study plan for $50, or the complete blueprint. One blueprint costs $665, a set of four costs $710, a set of eight costs $750 and a reproducible set sells for $835.

If you would like to order any of the plans mentioned or would like a catalog of additional Bloodgood Sharp Buster Designs, please call 800-752-6728 and mention The New American Home featured in *Ladies' Home Journal*.



All photos, Peter Vitale; designed by Michael Foster; fashion stylist, Suzanne Smallwood; hair and makeup, L.B. Rosser; Models all from Kim Dawson. Throughout the house unless otherwise specified furniture, Thomasville Furniture Industries, Inc.. tiebacks, drapery/pillow trim, Conso Products Co,. custom and pre-framed wall art, Deck The Walls, Inc.; cabinetry, Canac Kitchens, a Division of Color Ltd.; countertops, DuPont Corian; drapery treatment fabrication and all decorative embroideries, Husqvarna Viking Sewing Machine Co.; throws and cotton blankets, Faribault Woolen Mill; candles and oriental lighting by pool, Flintlock Faroy; floor stains and polyurethane, The Flecto Co.; computers, Gateway 2000; outdoor lights and hanging interior lights, Lights Fantastic; Graber hardware and Hunter Douglas Window Fashions, cordless telephones, available at Montgomery Ward; "Shur Stik" wallpaper prep material, Gibson-Homans; paint throughout home, Glidden; painted-furniture artist, Susan Goans Driggers; fireplace accessories and hearth products, Hearth Products Assoc.; decorative accessories throughout home, lamps, Sealy mattresses, JCPenney stores and catalog; area rugs, Nourison; unfinished furniture/custom painted furniture, Mastercraft–S.J. Bailey & Sons, Inc.; decorative paints, stencils, glazes, faux finishes and specialty paint tools, Plaid Enterprises; tiles, Mannington Tile; ceiling fans, Quorum International; fabric for window treatments, pillows, table linens, Robert Allen; pillow forms, Fairfield Processing Corp.; decorative painting, Sanders Studio, Inc.; flowers, The Garden Gate; bath linens, towels, Wamsutta; antiques, The Whimsey Shoppe; overall painting, Goldsmith & Jackson Painting & Decorating; carpet, Karastan/DuPont Stainmaster; sinks, faucets, bathroom accessories, Kohler Co.; bed pillows, Dupont Comfort Product; bed linens, Wamsutta. MASTER CLOSET: closet "Classic" organizer systems, Windquest Companies; wallpaper, Eisenhart Wallcoverings Co.. STUDY: wallpaper, Donghia Furniture/Textiles. GIRL'S ROOM AND BOY'S ROOM: baskets, Palecek Imports. BACKYARD: outdoor furniture and planters, Barlow Tyrie, Inc. Details, page 212.

Bounty® Fun Prints.

They pick up your spills – and your spirits!



Bounty Fun Prints are the most colorful paper towels ever! And they have the same superior speed of absorbency and durability as regular Bounty. Look for special prints every season.*

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Same ingredients.
Ours just fits through a straw.
MOTT'S
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MOTT'S
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In-A-Minute
MOTT'S MEANS FRUIT.™

FOOD

JOURNAL



Teriyaki Steak from *Peak Performance Meals*



Raspberry Cheesecake from *You Asked For It*



Olive Bread with Thyme from *Daily Bread*

BOOSTER SHOTS

When you need a lift, great food always delivers. For proof, we offer eleven dishes designed to rev up your energy, hone alertness or soothe jangled nerves. If the scent of fresh-baked bread raises your spirits, try our crusty rolls and loaves you can make from scratch or with a machine. Now the sweetest perker-upper . . . stunning desserts from your favorite restaurants—and all you had to do was ask!

Raspberry Cheesecake

Indulgent But Worth It

When LHJ reader Cindy McClain from Cape May, New Jersey, asked us to prevail upon The Olive Garden for their raspberry mousse cheesecake, she said it was "to die for!"

Prep time: 25 minutes plus chilling
Baking time: 35 to 40 minutes

◒ ⊙

Filling
- *2 packages (8 oz. each) cream cheese, softened*
- *½ cup sugar*
- *2 large eggs*
- *½ teaspoon vanilla extract*
- *9-inch prepared chocolate crumb crust*

Raspberry Mousse
- *1½ teaspoons unflavored gelatin*
- *2 tablespoons cold water*
- *8 tablespoons seedless raspberry preserves*
- *1 teaspoon fresh lemon juice*
- *¾ cup heavy cream*
- *2 tablespoons sugar*

1. *Filling:* Heat oven to 325°F. Beat all ingredients in mixer bowl until smooth. Spread mixture into crust. Bake 35 to 40 minutes, until center is just set. Cool 30 minutes. Refrigerate 1½ hours.
2. *Raspberry Mousse:* Sprinkle gelatin over water in microwaveproof bowl. Let stand 2 minutes. Microwave on High 40 seconds; stir until gelatin is dissolved. Gradually whisk in preserves; add juice. Refrigerate 10 minutes, until cold.
3. Beat cream and sugar in bowl to stiff peaks; fold into raspberry mixture. Spread Raspberry Mousse on top of cheesecake. Refrigerate 1 hour, until set. Makes 8 servings.

Per serving: 555 calories, 38 g total fat, 22 g saturated fat, 172 mg cholesterol, 393 mg sodium, 47 g carbohydrates, 8 g protein, 80 mg calcium

Teriyaki Steak

Want to boost your brain power? Eat a high-protein food like steak. The amino acids in protein are used to manufacture neurotransmitters in the brain, some of which are known to increase alertness.

Prep time: 20 minutes plus marinating
Cooking time: 17 minutes

○ ▼ ▽

Marinade
- *2 tablespoons soy sauce*
- *1 teaspoon light molasses*
- *1 teaspoon minced garlic*
- *½ teaspoon pepper*
- *½ teaspoon Asian sesame oil*
- *1 pound boneless top sirloin steak, ½ inch thick, trimmed*
- *4 large carrots*
- *½ cup chicken broth*
- *¼ cup dry sherry*
- *1 teaspoon soy sauce*
- *1 teaspoon cornstarch*
- *1 teaspoon sugar*
- *½ teaspoon minced garlic*
- *½ teaspoon grated ginger*
- *½ teaspoon vegetable oil*
- *4 cups broccoli florets*

1. *Marinade:* Combine all ingredients in glass baking dish. Add steak; turn to coat. Refrigerate 45 minutes.
2. Peel carrots lengthwise to form ribbons. Combine broth, sherry, soy sauce, cornstarch, sugar, garlic and ginger.
3. Heat oil in 12-inch skillet over medium heat. Cook broccoli and carrots 4 minutes. Add broth mixture; cover and cook until vegetables are tender-crisp.
4. Meanwhile, lightly coat a grill pan with vegetable cooking spray; heat over medium-high heat. Grill steak 3½ minutes per side for medium-rare. Slice and serve with broccoli and carrots. Makes 4 servings.

Per serving: 270 calories, 7 g total fat, 2 g saturated fat, 69 mg cholesterol, 872 mg sodium, 20 g carbohydrates, 29 g protein, 88 mg calcium

Hot Spice on Ice!

To preserve the flavor and vibrant color of red spices (ground red pepper, red pepper flakes, chili powder, whole dried chilies and hot or sweet paprika), don't store them on the spice shelf! Instead, freeze or refrigerate them, sealed tightly in their original containers. This will preserve the oils that give spices their rich flavor and aroma, and will keep out the moisture that causes ground spices to clump.



Olive Bread with Thyme

Red pepper flakes sautéed in olive oil add subtle heat to this savory bread-machine wonder, made with kalamata olives and fresh thyme. This version makes a 1½-pound loaf. For 1- or 2-pound loaves, see page 202.

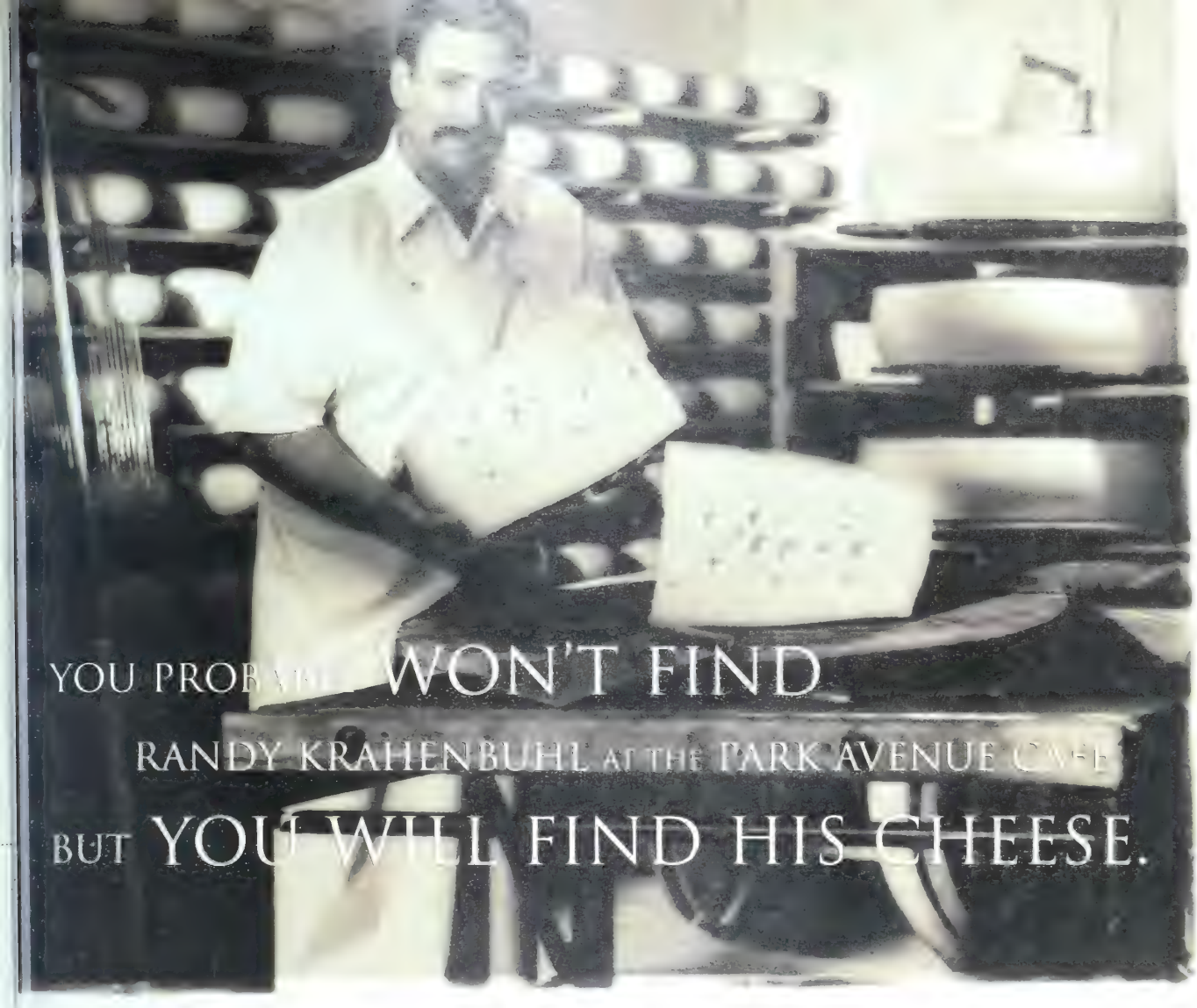
Prep time: 25 minutes, plus cycle of your bread machine

○ ▼

Medium (1½ lbs.) loaf
- *2 tablespoons extra-virgin olive oil*
- *¾ teaspoon red pepper flakes*
- *2 teaspoons minced fresh thyme or 1 teaspoon dried*
- *1 cup room-temperature water*
- *1 tablespoon butter or margarine*
- *3 cups bread flour*
- *3 tablespoons nonfat dry milk powder*
- *1 tablespoon sugar*
- *1 teaspoon salt*
- *1½ teaspoons active dry yeast or 1¼ teaspoons fast-acting yeast*
- *¾ cup pitted and halved kalamata, dried and cured, or stuffed green olives*

1. Combine oil and pepper flakes in small skillet. Heat over medium heat just until pepper is fragrant, 4 to 5 minutes. Remove from heat; stir in thyme. Cool.
2. Add oil mixture and remaining ingredients to bread machine in order and times suggested by manufacturer's instructions. Bake on white-bread cycle. Cool baked bread on wire rack. Makes about 18 slices.

Per slice: 125 calories, 4 g total fat, 1 g saturated fat, 2 mg cholesterol, 242 mg sodium, 19 g carbohydrates, 3 g protein, 13 mg calcium



YOU PROBABLY WON'T FIND
RANDY KRAHENBUHL AT THE PARK AVENUE CAFE
BUT YOU WILL FIND HIS CHEESE.



New York City is 960 miles from Monterey, Wisconsin. But watching Randy work in his aging room, you quickly get a sense that it's not the distance that keeps him from venturing too far away. He'll simply deliver it here than anywhere else. And who's more [illegible] Master Cheesemaker, this is his art. And [illegible] Randy grew up here, working alongside his father, [illegible] Walter Krahenbuhl's watchful eye, Randy learned the subtle techniques of handcrafting specialty cheeses. [illegible] learned about perfection. It's a tradition of apprenticeship that continues with Randy's own son today. And while Randy is an exceptional cheesemaker, his story is quite common. Old world heritage and unequaled quality standards have been passed from one generation of Wisconsin cheesemakers to the next for more than 150 years. Maybe that's why restaurants that share Randy's passion for excellence choose cheese from Wisconsin. Of course, you can experience the same good [illegible]



WISCONSIN
CHEESE





PEAK PERFOR







Food is fuel, and if you want to perform at your best, the food you eat should suit the occasion—whether it's a rough day at the office or a hectic evening at home. Here, recipes that deliciously deliver the kind of energy you need—just when you need it. By Jane Kirby, R.D.

MANCE MEALS



Mental Energy

To boost your brain power, fill up on seafood, reduced-fat cheeses and other high-protein, low-fat foods—they'll keep you on your toes! Above, Fisherman's Chowder. Opposite page, clockwise from top: Pork and Tofu Stir-Fry with Soba, Raisin-[illegible] Sandwich, Scrambled Eggs and Ham in a Pita P[illegible]





Stress-Busting Energy

When carbohydrates like pasta and bread are digested, the brain releases chemicals that calm you down. Below: Pepper Calzones. Above: Pasta with Tomato-Vegetable Sauce and Ricotta



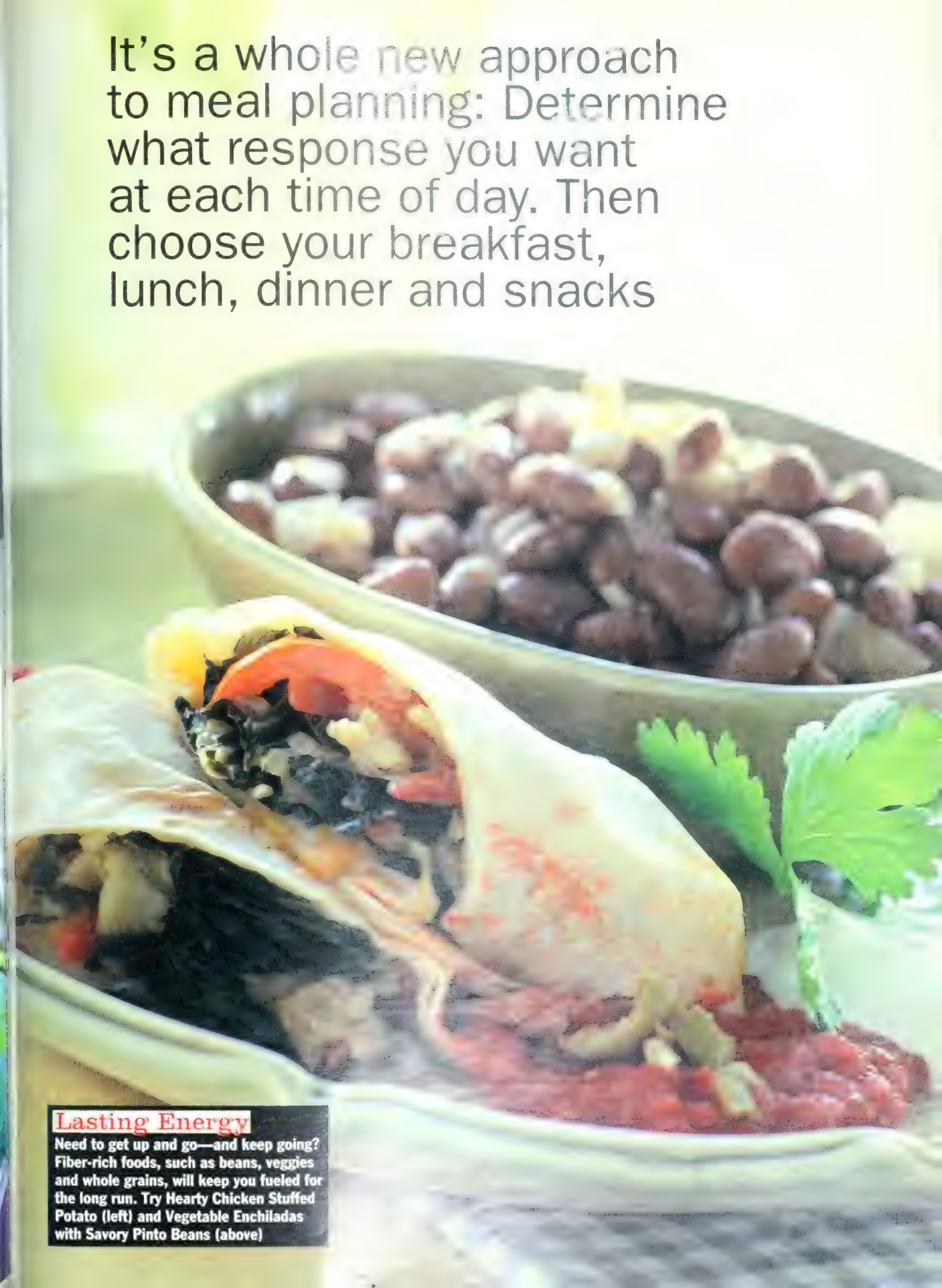


Fast Energy

Find yourself lagging in the middle of the day? Any fructose-rich food or drink, such as this All-Fruit Smoothie, will give you an instant spurt of energy



It's a whole new approach to meal planning: Determine what response you want at each time of day. Then choose your breakfast, lunch, dinner and snacks



Lasting Energy

Need to get up and go—and keep going? Fiber-rich foods, such as beans, veggies and whole grains, will keep you fueled for the long run. Try Hearty Chicken Stuffed Potato (left) and Vegetable Enchiladas with Savory Pinto Beans (above)

What is energy? Simply put, it's calories, and most women need about 1,800 a day to keep their bodies going. But to perform at your peak, *where* those calories come from is also important—just think how you'd feel if your 1,800-calorie quota came from nothing but jelly beans.

Scientists have been studying how nutrients—carbohydrates, protein and fat—work individually and together to regulate physical and mental stamina and modulate stress. Because the physical and chemical structure of foods differ, the calories from some are available sooner than from others. Planning which foods to eat, and when, will help you get and maintain the specific kind of energy you need.

For Mental Energy

You've got an important meeting mid-morning, and you want to be sharp. It's exam time at school and the kids have a test at ten. You want to be on your toes for a three-thirty talk with your boss. Or, perhaps you anticipate a long night doing paperwork in preparation for tax season. Eat protein.

Protein—meat, fish, poultry, tofu, eggs and beans—helps your brain function, because the end products of its digestion, amino acids, are used to make neurotransmitters in the brain. These are the chemical messengers that orchestrate emotions, feelings, mood and hunger. One amino acid, tyrosine, is needed to make the neurotransmitters dopamine and norepinephrine, which are associated with alertness and improved mental function. After a well-balanced meal that includes protein, tyrosine reaches its proper level.

Leslie Bonci, M.P.H., R.D., assistant director of nutrition at the Center for Digestive Health at Allegheny General Hospital, in Pittsburgh, Pennsylvania, points out that it takes three to four hours for tyrosine to reach the brain. But don't expect to get a grasp on quantum physics just after eating a piece of fish. She adds, "Protein alone won't make you a clearer thinker. You've got to fuel your body, not just your brain. Otherwise you'll feel physically fatigued, which will take a toll on your mental performance." Solution: Add some carbohydrates. Have a boiled potato with your fish, or pair your chicken with white or brown rice. Try scrambled eggs with whole grain bread and very little butter, if any. The energy effect of carbohydrates is more immediate, usually delivering its fuel in less than an hour.

○ Easy ● Challenging ▼ Low-fat
◒ Moderate ⏲ Microwave ▽ Low-calorie
❄ Can be frozen up to 1, 3, 6, or 9 months

RAISIN-RICOTTA SANDWICH
Budget Recipe Of The Month

Jump-start your day and maximize your mental energy with a satisfying breakfast sandwich that's big on protein and carbohydrates but low in fac.

Total prep time: 5 minutes ○ ▼

2 slices cinnamon-raisin bread
2 tablespoons part-skim ricotta cheese
1 tablespoon apricot, peach or pineapple preserves

Toast raisin bread. Spread one slice with ricotta. Spread preserves on the other slice and place over ricotta. Makes 1 sandwich.

PER SERVING		DAILY GOAL
Protein		

SCRAMBLED EGGS AND HAM IN A PITA POCKET

If you live with a bunch of breakfast skippers or skimpers, tempt them with this protein-packed pita to eat at home or on the go. Even the kids will love it—and they'll pay more attention in class with a nourishing meal in their tummies!

Prep time: 10 minutes ○ ▽
Cooking time: 5 minutes

3 large eggs
3 large egg whites
3 slices (3 oz.) Canadian bacon, finely chopped
3 tablespoons water
2 tablespoons thinly sliced chives, optional
⅛ teaspoon salt
Vegetable cooking spray
2 tablespoons light cream cheese
2 (6- or 7-inch) warm pita breads

1. Whisk eggs, egg whites, bacon, water, chives and salt in medium bowl.
2. Lightly coat a large nonstick skillet with vegetable cooking spray; heat over medium heat. Add egg mixture; cook 30 seconds. Spoon small pieces of cream cheese evenly over top. Scramble eggs just until set.
3. Cut pitas in half; fill each half with one quarter egg mixture. Makes 4 servings.

PER SERVING		DAILY GOAL
	205	2,000(F), 2,500(M)
Total fat		
Saturated fat		
Sodium		
		250 g or more
Protein	16 g	55 g to 90 g
Calcium		

PORK AND TOFU STIR-FRY WITH SOBA

On those nights when you have to burn the midnight oil, choose a protein-rich dinner to keep a clear head on your shoulders. This one-dish recipe pairs lean pork loin and tofu with nutritious soba (buckwheat noodles), crunchy vegetables and zesty Asian seasonings. Bonus: Buckwheat noodles are also high in protein.

Prep time: 30 minutes ○ ▼
Cooking time: 6 to 8 minutes

Marinade
2 tablespoons reduced-sodium soy sauce
1 tablespoon orange juice
1 tablespoon chopped garlic
2 teaspoons grated fresh ginger
1 teaspoon Asian sesame oil
1 teaspoon cornstarch

½ pound firm tofu, cut into thin strips
½ pound pork loin, trimmed and cut into thin strips

Sauce
6 tablespoons reduced-sodium chicken broth
2 tablespoons rice wine vinegar
2 tablespoons reduced-sodium soy sauce
1 teaspoon sugar
2 teaspoons cornstarch

½ pound soba (buckwheat noodles) or whole wheat spaghetti
2 teaspoons vegetable oil, divided
4 cups thinly sliced green cabbage
1 red pepper, thinly sliced
4 ounces shiitake mushrooms, stems removed and thinly sliced
1 cup fresh bean sprouts
¼ cup fresh cilantro leaves, for garnish

1. *Make marinade:* Combine all ingredients in small bowl. Remove 2 tablespoons to another small bowl. Toss tofu in bowl with 2 tablespoons marinade. Toss pork in the other bowl with the remaining marinade. Cover bowls and refrigerate 30 minutes.
2. *Make sauce:* Meanwhile, combine all ingredients in cup.
3. Start to cook noodles according to package directions.
4. Heat 1 teaspoon vegetable oil in 12-inch nonstick skillet over high heat. Add pork and cook, stirring, 1 to 2 minutes until dark brown; transfer to small bowl. *(continued on page 18*



Pillsbury

The Pillsbury Doughboy™ Calendar Figurines

One of America's most beloved characters presents a Poppin' Fresh® way to brighten up your day!

For more than 30 years, people of all ages have loved the giggly antics of Poppin' Fresh, the Pillsbury Doughboy. Now, Poppin' Fresh brings his bubbly good cheer to your home in *The Pillsbury Doughboy Calendar Figurines* — available exclusively from the Danbury Mint!

Complete with a perpetual calendar display.

This captivating collection includes 12 charmingly detailed Doughboy figurines. Each figurine is crafted of cold-cast porcelain, a sculptor's blend of porcelain and resin, and skillfully hand painted. The wooden display works with your figurines to create a working perpetual calendar. Show the month by moving the appropriate Doughboy figurine to the top of the display. Dates are on individual wood blocks that slide easily in and out of the display. Highlight holidays and special occasions by reversing the block to red.

Attractively priced.

Each figurine — as well as the calendar display — is just $16.95*. You will receive one figurine per month. Your satisfaction is guaranteed. Return any figurine within 30 days for replacement or refund. Mail your Reservation Application today!

*Display shown much smaller than actual size of 23" high x 5¾" wide x 4" deep.

*Figurine shown slightly smaller than actual size.

RESERVATION APPLICATION

The Danbury Mint
7 Richards Avenue
PO Box 4940
Norwalk, CT 06857

The Pillsbury Doughboy™ Calendar

State

Signature

Yes! Reserve *The Pillsbury Doughboy Calendar* described in this announcement.

PEAK PERFORMANCE

5. Reduce heat to medium-high. Add remaining 1 teaspoon vegetable oil to skillet. Add cabbage, pepper and mushrooms; cook, stirring, 2 to 3 minutes, until lightly browned. Stir in sauce, pork and tofu with marinade. Cook 2 minutes, until mixture is heated through and sauce thickens.

6. Drain noodles; divide among four serving plates. Top each serving with pork-tofu mixture, sprouts and cilantro, if desired. Makes 4 servings.

PER SERVING		DAILY GOAL
Calories	[illegible]	2,000(F), 2,500(M)
Total fat	[illegible]	[illegible]
Saturated fat	[illegible]	[illegible]
[illegible]	[illegible]	300 mg or less
[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	250 g or more
[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]

FIVE STEPS TO MORE ENERGY

1. Eat breakfast. It's been well documented that children who skip breakfast don't do well in morning lessons because they lack energy and can't concentrate. Grown-ups are no different. Make your first meal of the day low in fat, focusing on complex carbohydrates such as whole grain cereal or toast with some low-fat milk, yogurt or cheese added for protein. Low-fat ricotta cheese on bread, for example, is a combination that will keep you going for up to four hours. A sugary breakfast will leave you drained in just less than an hour and searching for another sugar fix.

2. Drink plenty of water. The brain is about 75 percent water and is the first organ to be affected by dehydration, clouding your thinking and making you feel fatigued. Office workers, who spend many hours in dry, overheated or highly air-conditioned buildings, lose about ten cups of water a day. "Consider the eight-glasses-of-water-a-day rule an absolute minimum for peak mental energy, but aim for twelve. And you can't count caffeine-containing beverages because they cause fluid loss," cautions Cathy Kapica, Ph.D., R.D., a spokesperson for the American Dietetic Association and assistant professor of nutrition and clinical dietetics at The Chicago Medical School.

3. Get enough iron and vitamin C. If you have trouble concentrating, and feel apathetic and energy-starved, you may not be getting enough iron. Deborah Roussos, M.S., R.D., a Madison, Wisconsin, dietitian who specializes in women's health issues, says, "If a client is tired all the time, doesn't eat much red meat or other iron-rich foods, doesn't eat citrus, tomatoes or other foods high in vitamin C, which helps in iron absorption, plus has heavy menstrual losses, I suspect iron deficiency, and suggest she follows up with a lab test." All women should get a good iron source daily, such as meat, and make one serving of fruit each day citrus. Consult your doctor about taking a supplement.

4. Eat frequent scheduled meals. "Small frequent meals will keep energy at peak levels without dips or droops throughout the day," says Kapica. When meals are too large, you get sluggish, "although this is more noticeable in people over forty," she says. The perfect lunch: half a sandwich that includes a lean protein and a vegetable, a piece of fruit and yogurt. Eat a bowl of pasta at lunch, and you'll want a siesta afterward. How much is too much to eat at one time? "If your waistband is tight after eating, you've eaten too much." Kapica recommends eating every two to three hours. "Timing is everything. Even if you're eating the right combination of protein to carbohydrate, you won't feel the effects unless you get regular doses of it," she says. "Bring your lunch to work, but eat it slowly throughout the day." Nothing will drain energy faster than skipping meals.

5. Go low-fat, not no fat. For steady, smooth energy, make sure you have some fat in your diet. "Instead of fat-free dressing on your noontime salad, use a smaller amount of a regular one," Leslie Bonci recommends. A little real mayonnaise on a tuna sandwich will give you just the right amount of fat to regulate the speed with which your body uses the nutrients in your lunch.

FISHERMAN'S CHOWDER

The old wives' tale is true—fish is brain food! Get smart and cook up a pot of this hearty chowder; it's chock-full of seafood, potatoes and vegetables to rev up mental energy.

Prep time: 25 minutes ○ ▼ ▽
Cooking time: 34 to 37 minutes

[illegible] pound medium shrimp
1 cup white wine
¾ cup water
1 bay leaf
1 teaspoon olive oil
1 cup diced celery
½ cup diced carrot
½ cup diced shallots (3 oz.)
2 bottles (8 oz. each) clam juice
½ pound all-purpose potatoes, peeled and cut into ½-inch cubes
¾ teaspoon salt
½ teaspoon chopped fresh thyme or ¼ teaspoon dried
¼ teaspoon freshly ground pepper
1 pound cod or scrod fillet, cut into 1-inch chunks
2 sprigs fresh thyme, for garnish

1. Peel and devein shrimp; reserve shells. Transfer shrimp to small bowl; cover and refrigerate. Bring shells, wine, water and bay leaf to boil in medium saucepan. Reduce heat to medium-low and simmer mixture 10 minutes.
2. Meanwhile, heat oil in Dutch oven over medium-high heat. Add celery, carrot and shallots; cover and cook, stirring, 5 minutes until tender. Stir in clam juice, potatoes, salt, chopped thyme and pepper.
3. Line a sieve with double layer of cheesecloth; place over a 1-quart glass measure. Strain shrimp broth through sieve; discard shells. Add enough water to equal 4 cups of liquid. Transfer broth mixture to Dutch oven; cover and simmer broth and vegetables over medium-low heat 20 minutes, until potatoes are fork-tender.
4. Add cod and reserved shrimp; simmer 4 to 7 minutes more, just until cod is cooked through and shrimp turns pink. Ladle chowder into four serving bowls. Garnish with additional thyme sprigs, if desired. Makes 4 servings.

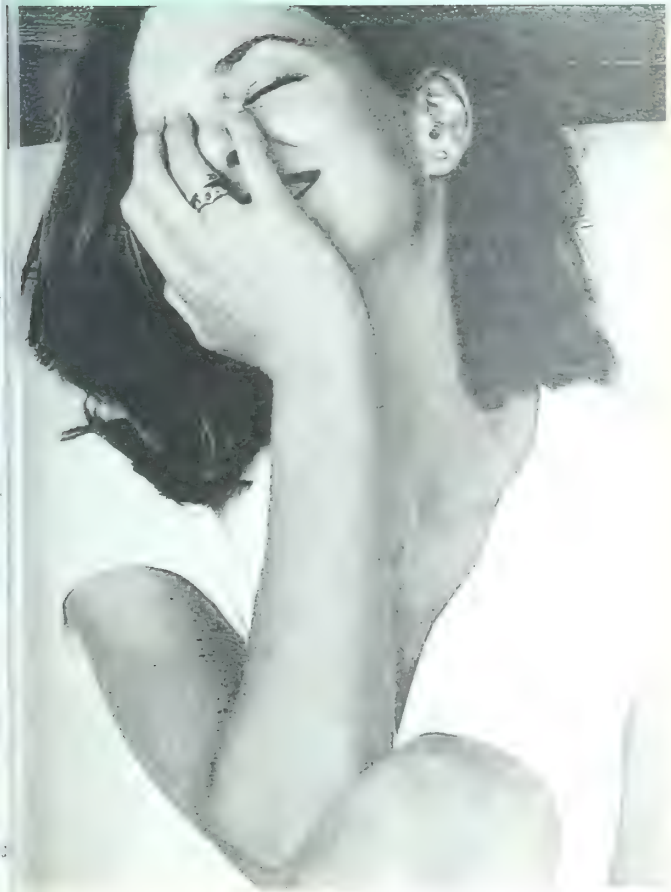
PER SERVING		DAILY GOAL
Calories	220	2,000(F), 2,500(M)
[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]
Cholesterol	[illegible]	[illegible]
Sodium	[illegible]	[illegible]
Carbohydrates	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]
Calcium	95 mg	1,000 mg (F); 1,000 mg (M)

(continued

Outside, looking good.

Inside:

let's talk.



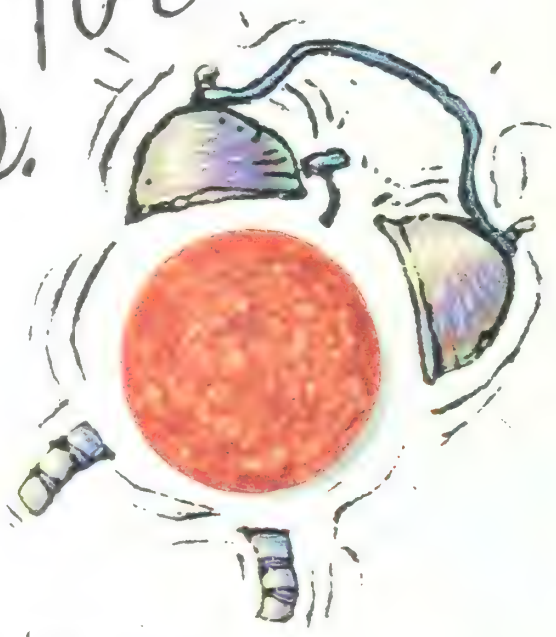
Okay, okay. You spend 150 hours a year sweating away on the stairmaster. You get manicures, diet incessantly, and pluck hairs that show up where they shouldn't. But how are you on the inside? Because as much as you know about making your outside look good, there are probably a few things under those tight abs of yours you don't know everything about. Which is why General Nutrition Centers has a Women's Section devoted to [illegible] like you.



At GNC, you'll find hundreds of high-quality products designed to keep you feeling your best and, therefore, looking your best. From the newly reformulated Women's Ultra Mega™ to Women's Daily Iron support. Or you could load up on General Nutrition Center's Women's Folic Acid. There's also Women's PreNatal formula and Preventive Nutrition™ OsteoSure.™ So, you obsess over what you see in the mirror. We'll obsess over the supplements that take care of what's really important.

GNC LiveWell.

this is what Hormel® Pepperoni does for Soup.



Pepperoni Minestrone

Wake up this easy-to-make soup favorite with HORMEL® pepperoni.

7 cups beef broth (may substitute water and beef bouillon)
2 cups coarsely chopped cabbage
1 (14 1/2 oz.) can Italian-style stewed tomatoes
1 each medium onion and carrot, sliced
1 tablespoon dried Italian seasoning
1 (9 oz.) pkg. frozen Italian green beans
1 lg. zucchini, halved lengthwise and sliced
1/2 cup dry bow-tie pasta or elbow macaroni
1 (3 1/2 oz.) package HORMEL® pepperoni slices, quartered
1 (15-16 oz.) can garbanzo or red kidney beans, drained
Garlic salt and pepper to taste
Grated Parmesan cheese

In Dutch oven or large soup pot, combine first six ingredients. Bring to boil. Reduce heat to low and simmer, partially covered, 20 minutes. Add green beans, zucchini and pasta. Simmer uncovered 15 minutes longer, stirring occasionally until vegetables and pasta are tender. Stir in pepperoni and beans. Heat through. Season with salt and pepper. Serve with cheese and PREMIUM® Saltine Crackers. 6-8 servings.





ORIGINAL PREMIUM

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Hormel Foods Corporation 1998

PEAK PERFORMANCE

Continued

For Fast Energy

You're so hungry, you're light-headed You want to squeeze in a workout on your lunch break but don't want to e a meal first. Or, dinner is an hour away and you're starved. Reach for simple carbohydrate found in fruits a fruit juices.

Table sugar and fructose, which ar the main ingredients in foods such fruit, fruit juices, hard candies, gumdrops, angel food cake and sorbet, are structurally similar to glucose, the form of sugar that the body uses for fuel. They don't take long to digest, so you'll feel their effect in as little as half an hour. However, because these sweets lack staying power, your energy level wi drop again within a half hour. Don depend on them alone—they're onl short-term fixes.

ALL-FRUIT SMOOTHIE

Fastest Recipe Of The Month

Try this refreshing thirst-quencher! The sugar in fruit—nutritionally kno as fructose—provides instant fuel to you through that midafternoon slum

Total prep time: 5 minutes

1 ripe Bartlett pear, peeled, cored and c into chunks
½ cup green seedless grapes
1 small ripe banana
2 teaspoons honey
¼ cup cranberry juice cocktail
5 ice cubes

Puree pear, grapes, banana and hone in blender. With motor on, add cranberry juice through feed tube; pu until blended. Add ice through feed tube one cube at a time until thick a smooth. Makes one 14-ounce serving

PER SERVING		DAILY GOAL
Total fat	1.5 g	
Protein	1 g	55 g to 90 g
Calcium	30 mg	

For Lasting Energy

After signing up for a charity bike ride, you've scheduled an afternoon play-dat and will have to take charge of three active five-year-olds. Or, the kids need meal that will keep them going strong throughout their after-school soccer

matches. High-fiber foods paired with a little fat will fuel you for the long run.

It takes about five hours for the fuel of fibrous foods to reach the bloodstream. Foods that contain fat slow down digestion just as long. "You can get a time-released effect by combining fast-energy foods with longer lasting ones," recommends Bonci. A peanut butter and jelly sandwich on whole wheat bread is ideal, as is a baked potato stuffed with vegetables. And, during your marathon of activities, snack on a combination of fruits, nuts and whole grain cereal. You'll quickly feel energized and have the stamina you need to get you through a busy day and night.

HEARTY CHICKEN-STUFFED POTATO

This satisfying energy fix of potatoes, veggies and chicken—a mix high in carbohydrates and lean protein—also makes an energizing desktop lunch for one. Prepare the chicken mixture ahead, then tote from home along with a potato; use your office microwave to bake the potato and reheat the topping. Serve with a green salad for lunch or dinner.

Prep time: 15 minutes ○⊙▼
Cooking time: 30 to 33 minutes

¾ pound boneless, skinless chicken breast, cut into ½-inch cubes
1 teaspoon salt, divided
⅛ teaspoon freshly ground pepper
2 teaspoons olive oil, divided
2 cups chopped onions
3 medium carrots, thinly sliced
2 teaspoons chili powder
1 can (13¾ or 14½ oz.) chicken broth, divided
¼ cup all-purpose flour
1 pound zucchini, cut into ½-inch cubes
¼ cup sour cream
4 large (7 to 8 oz. each) baking potatoes
2 tablespoons chopped fresh cilantro (optional)

1. Sprinkle chicken with ½ teaspoon salt and pepper. Heat 1 teaspoon oil in 12-inch nonstick skillet over medium-high heat. Add chicken; cook 2 to 3 minutes just until lightly browned. Transfer to bowl; set aside. Heat remaining 1 teaspoon oil in skillet. Add onions and carrots; cook 5 to 7 minutes, until onions are lightly browned, stirring occasionally. Add chili powder; cook 1 minute more.
2. Combine ¼ cup broth and flour in cup; set aside. Pour remaining broth into skillet with vegetable mixture. Bring to boil; reduce heat to medium-low, cover and cook 5 minutes, until carrots are almost tender.
3. Add zucchini to skillet; sprinkle with remaining ½ teaspoon salt. Cover and cook *(continued)*

ENERGY ENHANCERS: MORE BUST THAN BOOST

VITAMIN SUPPLEMENTS: They may be helpful in "unlocking" the energy in foods, but taking lots of them without eating adequately won't give you extra energy.

CAFFEINE: You'll feel caffeine's effects in as little as half an hour after ingesting some. It will stimulate your central nervous system, making you feel more energetic temporarily, but after the effect wears off, you may feel even more tired, lethargic and in need of another energy boost.

ENERGY BARS: You'll get an energy rush from these high-tech candy bars, because they provide lots of simple carbohydrates, such as high-fructose corn sweeteners. But what goes up so fast will come down faster. Bars with added fiber may not cause such extreme peaks and valleys, but a handful of nuts, trail mix or a whole wheat bagel will give you steadier, longer-lasting energy.

GINSENG: Proponents tout its power to enhance energy and improve concentration, but these claims have not been substantiated in humans. Ginseng is considered relatively harmless; however, the toxic dose is unknown.

MA HUANG (OR EPHEDRA OR EPHEDRINE): A powerful central nervous system stimulant, it may cause rapid and irregular heartbeats, increased blood pressure and possibly death. The Food and Drug Administration recently included Herbal Fen-Phen, a product that contains ma huang, on an unapproved new drug list, and will be taking steps to pull this product from store shelves.



15 minutes until tender. With a fork, mash some of the carrots. Stir in chicken, peas and reserved flour mixture; return to a simmer and cook 2 minutes more until heated through. (Can be made ahead. Transfer to storage container; cool. Cover and refrigerate up to 2 days.)
4. Meanwhile, prick potatoes with a fork; arrange on a double layer of paper towels in microwave. Microwave on High 8 minutes; turn potatoes and microwave 8 minutes more. Wrap potatoes tightly in foil and let stand 3 to 4 minutes.
5. Split potatoes; transfer to four serving plates. Spoon 1¼ cups chicken filling over each potato. Sprinkle with chopped cilantro, if desired. Makes 4 servings.

Desktop lunch for one: Prick 1 unbaked potato with a fork; arrange on a double layer of paper towels in microwave. Microwave on High 4 minutes; turn and microwave 3 to 4 minutes more. Wrap potato in paper towels; let stand 2 minutes. Meanwhile, spoon 1¼ cups chicken filling into a small microwaveproof container with lid. Microwave on High, partially covered, 1½ minutes. Stir. Microwave 1½ minutes more, until hot. Split potato and top with filling.

PER SERVING		DAILY GOAL
Calories		
Total fat		
Saturated fat		
Cholesterol		
Sodium		
Carbohydrates		
Protein		
Calcium		

VEGETABLE ENCHILADAS

Even if you're not running a marathon, you sometimes need long-lasting energy just to keep up with the day's activities. Reach for high-fiber carbohydrates, and try them with this Tex-Mex twist—enchiladas filled with Swiss chard, peppers and zucchini and partnered with Savory Pinto Beans.

Prep time: 25 minutes ○▽
Baking time: 25 minutes

2 teaspoons olive oil
2 cups sliced onions
1 red pepper, cut into thin strips
1 medium zucchini, sliced
2 teaspoons minced garlic
½ teaspoon salt
⅛ teaspoon cumin
Pinch oregano
1 bunch (16 oz.) Swiss chard, stalks removed
1 can (16 oz.) stewed tomatoes
1 teaspoon minced canned chipotle chile or hot pepper sauce
4 low-fat burrito-size (8-inch) tortillas
½ cup shredded low-fat sharp Cheddar cheese
12 medium Spanish green pitted olives, chopped (¼ cup)
¼ cup reduced-fat sour cream
2 cups Savory Pinto Beans (recipe follows)
Fresh cilantro sprigs, for garnish

1. Heat oil in 12-inch nonstick skillet over medium heat. Add onions, pepper and zucchini; cook 10 minutes, until vegetables are lightly browned. Add garlic, salt, cumin and oregano; cook 2 minutes. Spread chard on top of vegetables; cover and cook 1 minute. Stir vegetables and cook, uncovered, 1 to 2 minutes more, until chard wilts and liquid evaporates. Cool slightly.
2. Heat oven to 400°F. Puree stewed tomatoes and chipotle in food processor or blender. Pour into 8-inch square baking dish.
3. Fill center of each tortilla with 1 cup vegetable mixture; top each with 2 tablespoons cheese. Fold in sides and roll up. Arrange rolls on top of tomato sauce in dish; cover dish with foil and bake 25 minutes. Transfer enchiladas to four serving plates. Top each with 1 tablespoon chopped olives and 1 tablespoon sour cream. Serve each enchilada with ½ cup Savory Pinto Beans and garnish with cilantro. Makes 4 servings.

PER SERVING WITHOUT BEANS		DAILY GOAL
Calories		
Total fat		
Saturated fat		
Cholesterol		
Sodium		
Carbohydrates		
Protein		
Calcium		

SAVORY PINTO BEANS

Prep time: 10 minutes plus soaking
Cooking time: about 1½ hours ○▼

1 pound dry pinto beans, rinsed and picked over
1 teaspoon olive oil
1 medium onion, chopped
2 large cloves garlic, chopped
2 cans (13¾ or 14½ oz. each) chicken broth
1 cup water
1 bay leaf
1 teaspoon salt

1. Soak beans according to package directions. Drain.
2. Heat oil in small Dutch oven over medium-high heat. Add onion and cook, stirring, 5 minutes until lightly browned. Stir in garlic and cook 30 seconds. Add broth, drained beans, water and bay leaf; bring to boil. Reduce heat to medium-low; cover and simmer 1 hour. Stir in salt; uncover and simmer 20 to 30 minutes more, until beans are tender. Let stand 15 minutes before serving. Makes 6½ cups.

PER ½ CUP		DAILY GOAL
Calories		2,000(F), 2,500(M)
Total fat		
Saturated fat		
Cholesterol		
Sodium		2,400 mg or less
Carbohydrates	24 g	
Protein	8 g	55 g to 90 g
Calcium		

For Stress-Busting Energy

The day has been full of anxiety. You're a wreck, and as a result, the entire family is on edge. Make this a spaghetti night to calm frazzled nerves.

"Pasta isn't Valium," says Bonci, but she says starchy carbohydrates do have a calming effect. These foods—including potatoes, rice, tortillas and other grain products, as well as vegetables such as corn, beets and peas—promote the production of an amino acid called tryptophan, which is used to make serotonin in the brain. Serotonin makes you feel relaxed and calm. "It takes the brain *(continued)*

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EVER SEEN A GROWN MAN CRY?



A sandwich just isn't a sandwich without

Miracle Whip

a minimum of an hour to feel the effects of a carbohydrate-rich meal," says Bonci.

PASTA WITH TOMATO-VEGETABLE SAUCE AND RICOTTA

Perfect partners to provide relief after a stressful day: carbohydrate-rich pasta smothered with tomato-vegetable sauce and a dollop of ricotta.

Prep time: 20 minutes ○ ▼
Cooking time: 25 to 26 minutes

1 tablespoon olive oil
1 cup chopped onions
1 cup chopped red pepper
1 cup chopped green pepper
1 cup chopped zucchini
1 tablespoon minced garlic
1 can (28 oz.) tomatoes in juice
⅓ cup tomato paste
Salt
¾ teaspoon oregano
½ teaspoon basil
1 pound farfalle or bow-tie pasta
½ cup part-skim ricotta cheese
2 tablespoons chopped fresh parsley

1. Heat oil in 3-quart saucepan over medium-high heat. Add onions, peppers and zucchini and cook 4 to 5 minutes, until tender. Add garlic and cook 30 seconds more. Stir in tomatoes with juice, tomato paste, 1½ teaspoons salt, oregano and basil; bring to a boil, then reduce heat to medium-low. Cover and cook 20 minutes until vegetables are very tender.
2. Start to cook pasta according to package directions.
3. Meanwhile, combine ricotta and ⅛ teaspoon salt in bowl; set aside. Puree tomato sauce in blender in batches until smooth. Transfer each batch to a large bowl then return to saucepan. Bring sauce to a boil.
4. Drain pasta, toss with half the sauce (2½ cups) in large serving bowl. Divide pasta among four serving plates; top with remaining sauce and ricotta and sprinkle with parsley. Makes 4 servings.

PER SERVING		DAILY GOAL
Calories	[illegible]	2,000(F), 2,500(M)
Total fat	[illegible]	[illegible]
Saturated fat	[illegible]	20 g or less (F); 23 g or less (M)
Cholesterol	[illegible]	[illegible]
Sodium	[illegible]	2,400 mg or less
Carbohydrates	108 g	[illegible]
Protein	[illegible]	[illegible]
Calcium	196 mg	1,000 mg (F), 1,000 mg (M)

POWER LUNCHING

"Eating out, especially a business meal, poses special problems, particularly when a woman has a male guest," says Cathy Kapica. "You don't want to order a salad and look like a lightweight, yet if you order—and eat—a large lunch, you'll have no energy until late in the day when you finally digest the meal." Her advice to maintain energy and the competitive edge:

- **Remember this is work, not your last meal. Don't overeat. If the portion is large, eat half of it.**
- **Drink a lot of water instead of alcohol to keep your organs hydrated and your mind alert.**
- **Choose low-fat proteins such as grilled chicken (eaten without the skin), pork tenderloin or seafood. Some fat is good because it gives the meal staying power, but too much will slow down digestion and make you feel sleepy. A little olive oil is okay, but French fries are not.**
- **Go easy on the starches. A side dish of pasta is fine, but an entrée-size portion can leave you less alert.**
- **You deserve dessert. Have something small, such as a little fruit or a sorbet. The sugar will give you an instant lift.**

PEPPER CALZONES

If you're stressed out from a hectic morning, this pizza-in-a-pocket is a recipe for relaxation. Its balance of low-fat protein and carbs makes for a calming lunch. To prepare calzones ahead, refrigerate or freeze, then reheat for a quick lunch.

Prep time: 30 minutes plus standing and rising
Baking time: 23 to 25 minutes ○ ▼ ❄

Dough
1 cup warm water (105°F. to 115°F.)
½ teaspoon sugar
1 teaspoon active dry yeast
1 cup whole wheat flour
1 tablespoon olive oil
½ teaspoon salt
1½ to 1¾ cups all-purpose flour

Filling
¾ cup part-skim ricotta cheese
2 tablespoons freshly grated Romano or Parmesan cheese
2 teaspoons chopped fresh oregano or ½ teaspoon dried, crumbled
½ teaspoon salt
¼ teaspoon freshly ground pepper
1 teaspoon olive oil
1 cup chopped onions
1 red pepper, cut into ¼-inch dice
1 green pepper, cut into ¼-inch dice
½ teaspoon minced garlic

Vegetable cooking spray

1. *Make dough:* Combine warm water and sugar in large bowl. Sprinkle yeast over top; let stand 10 minutes until creamy. Stir in whole wheat flour with a large wooden spoon. Cover and let stand in a warm, draft-free place 30 to 40 minutes until mixture is slightly bubbly around edges. Stir in olive oil and salt. Gradually stir in 1½ cups all-purpose flour until dough comes away from side of bowl. On lightly floured surface, knead dough 10 minutes, adding remaining flour as needed, until smooth and elastic. Transfer to lightly oiled bowl, turning to oil top. Cover with plastic wrap and let rise in warm, draft-free place until doubled in bulk, 1 hour 15 minutes.
2. *Make filling:* Meanwhile, combine ricotta, Romano, oregano, salt and pepper in bowl; set aside. Heat oil in large nonstick skillet over medium-high heat. Add onions and peppers; cook 5 minutes. Reduce heat to medium; add garlic and cook 5 minutes more, until vegetables are tender. Cool.
3. Heat oven to 450°F. Spray a large cookie sheet with vegetable cooking spray. Divide dough into 6 equal pieces. Press each piece into a 6-inch circle. Spoon 2 tablespoons ricotta mixture in center of each circle; top each with ⅓ cup pepper mixture. Fold circles in half; pinch edges to seal. Transfer to prepared sheet. Bake 23 to 25 minutes, until golden. *(Can be made ahead. Cool completely; wrap well in plastic wrap and refrigerate overnight or freeze up to 1 week. To reheat one refrigerated calzone, remove wrap, cover with paper towel and microwave on High 1 minute, until heated through. If frozen, wrap in paper towel and defrost in microwave 3 minutes, then microwave on High 2 minutes.)* Makes 6 servings.

PER SERVING		DAILY GOAL
Calories	290	2,000(F), 2,500(M)
Total fat	[illegible]	[illegible]
Saturated fat	[illegible]	[illegible]
Cholesterol	11 mg	300 mg or less
Sodium	466 mg	2,400 mg or less
Carbohydrates	47 g	250 g or more
Protein	11 g	[illegible]
Calcium	[illegible]	[illegible]

Recipes by Cynthia DePersio

Your favorite American recipes have been around for over a hundred years. Here's an update.



It's not just lean.



You Asked For It

Readers wrote; we responded. And we have to say, your most-requested restaurant desserts are spectacular!

WHITE-CHOCOLATE AND BERRY TERRINE WITH RASPBERRY SAUCE

Dear LHJ,
Last fall I had the pleasure of dining at Clifton–The Country Inn, in Charlottesville, Virginia, for a bridal luncheon. The entire meal was exquisite, but the dessert, White-Chocolate and Berry Terrine with Raspberry Sauce, stands out most in my mind. I would love to have the recipe.
Sally Taiman
Willington, Connecticut

This stunning dessert, with layers of fresh strawberries, raspberries, blackberries and white-chocolate mousse, is perfect to serve for any special occasion because it's not too rich or sweet. You can unmold the terrine and refrigerate it up to 2 hours before serving.

Total prep time: 40 minutes plus chilling ◒ ○

White-Chocolate Mousse
1 envelope unflavored gelatin
¼ cup cold water *(continued)*

○ Easy ● Challenging ▼ Low-fat
◒ Moderate ○ Microwave ▽ Low-calorie
❄ Can be frozen up to 1, 3, 6, or 9 months

Left: Lemon Icebox Cake, Clementine, New York City. Below: White-Chocolate and Berry Terrine with Raspberry Sauce, Clifton–The Country Inn, Charlottesville, Virginia



Jell-O just had a great idea.
With strawberries on top.



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The dessert that drives you wild
That's Jell-O Cheesecake Sm
A Slightly More Indul

JELL-O
smile more

Bread Pudding from Disney's Contemporary Resort, Orlando, Florida



YOU ASKED FOR IT DESSERTS

7 ounces white-chocolate squares
½ cup sugar
2 large eggs
1 large egg yolk
1 tablespoon Chambord or raspberry liqueur
2 cups heavy or whipping cream
1 pint fresh strawberries, sliced
1 pint fresh blackberries
1 pint fresh raspberries

Fresh mint sprigs, for garnish

Raspberry Sauce
1 box (10 oz.) frozen raspberries in syrup, thawed

1. *Make White-Chocolate Mousse:* Line a 9x5-inch loaf pan with plastic wrap. Sprinkle gelatin over cold water in 1 cup glass measure; let stand 2 minutes to soften. Microwave on High 40 seconds; stir 2 minutes, until gelatin completely dissolves. Cool slightly.
2. Bring medium saucepan halfway full with water to a simmer. Meanwhile, place chocolate in medium microwaveproof bowl. Microwave on High 1 to 2 minutes; stir until smooth. Set aside.
3. Combine sugar, eggs, egg yolk and liqueur in medium stainless-steel bowl. Place bowl over simmering water, and beat with handheld mixer until mixture doubles in volume, 5 minutes. Beat in dissolved gelatin. Remove from heat; fold in melted chocolate. Cool to room temperature. Beat cream in mixer bowl to soft peaks; gently fold into white-chocolate mixture.
4. Arrange half of strawberries in one layer in bottom of prepared pan; spread top with one third of mousse. Arrange a layer of blackberries on top, then spread with another third of mousse. Top with raspberries, then remaining mousse and strawberries. Cover and refrigerate overnight.
5. Uncover mousse. Place a serving plate over top of pan. Holding bottom of pan and plate, invert and remove pan. Peel off wrap. Garnish with mint sprigs, if desired, and serve with Raspberry Sauce. Makes 12 servings.
6. *Raspberry Sauce:* Bring raspberries to boil in small saucepan; reduce heat and simmer 5 minutes. Transfer to food processor and puree. Strain through fine sieve into bowl. *(Can be made ahead. Cover and refrigerate overnight.)* Makes ¾ cup.

PER SERVING		DAILY GOAL
[illegible]	[illegible]	2,000(F), 2,500(M)
[illegible]	[illegible]	[illegible]
Saturated fat	[illegible]	[illegible]
[illegible]	107 mg	300 mg or less
Sodium	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]
Potassium	4 g	[illegible]
Calcium	[illegible]	[illegible]

BREAD PUDDING

Dear LHJ,
Several years ago I had the most incredible bread pudding at Disney's Contemporary Resort, in Orlando, Florida. I've tried to find a recipe ever since that comes close to theirs, but with no luck. Can you help me?
Karen Spomer
Toms River, New Jersey

Bread pudding is one of the most requested desserts at the *Journal*, and this creamy version with vanilla bean is one of the tastiest we've tried. Use any variety of egg bread if challah is not readily available.

Prep time: 25 minutes ○
Baking time: 35 to 40 minutes

1¼ cups sugar, divided
½ teaspoon cinnamon
1 day-old challah bread or other egg bread (8 oz.), cut into ½-inch cubes
¼ cup butter or margarine, melted
⅓ cup raisins
8 large eggs, lightly beaten
1 quart half-and-half cream
1 vanilla bean, split lengthwise
Whipped cream (optional)

1. Heat oven to 400°F. Grease a 13x9-inch baking dish. Combine ¼ cup sugar and cinnamon in cup.
2. Toss bread, melted butter, raisins and cinnamon-sugar mixture in large bowl to coat. Spread in prepared pan.
3. Whisk eggs lightly in large bowl. Bring cream, remaining 1 cup sugar and vanilla bean to boil in medium saucepan. Carefully remove vanilla bean; cool slightly. Scrape seeds from bean with small spoon. Stir seeds into cream mixture. Discard bean. Gradually whisk cream mixture into eggs; pour over bread. Place dish in large roasting pan. Add enough hot water to come halfway up side of baking dish. Bake pudding 35 to 40 minutes, until custard is set and top is golden brown. Cool on wire rack. Serve warm or at room temperature, with whipped cream, if desired. Makes 12 servings.

Per serving: 340 calories, 18 g total fat, 9.5 g saturated fat, 191 mg cholesterol, 208 mg sodium, [illegible]

CARROT CAKE

Dear LHJ,
My local T.G.I. Friday's has the best carrot cake with cream-cheese icing I've ever tasted. It's moist, spiced just right and has lots of raisins and pecans. Could you possibly get the recipe for me?
Melanie A. Liptrot
New Haven, Connecticut

If you always wanted to bake a carrot cake (or haven't for quite a while), this is the one to try! It's perfect for a party, and the shot of bourbon gives it a sophisticated flavor. You'll need to use a 10-inch springform or round cake pan.

Prep time: 30 minutes ○
Baking time: 1 hour 15 minutes

Cake
½ cup raisins
¼ cup bourbon
2 cups all-purpose flour
1 teaspoon baking soda
¾ teaspoon salt
¾ teaspoon nutmeg
½ teaspoon baking powder
½ teaspoon cinnamon
¼ teaspoon cloves
2 cups granulated sugar
1 cup vegetable oil
2 large eggs
¾ pound carrots, coarsely chopped
1 cup pecan halves, toasted and coarsely chopped

Cream-Cheese Frosting
1 package (8 oz.) cream cheese, softened
4 tablespoons butter or margarine, softened
1 cup confectioners' sugar, sifted
1 teaspoon vanilla extract
½ teaspoon fresh lemon juice

1. *Make cake:* Heat oven to 350°F. Grease a 10-inch springform pan (or grease a 10-inch round cake pan; line bottom with wax paper; grease paper). Combine raisins *(continued)*

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Carrot Cake from T.G.I. Friday's, Hamden, Connecticut



and bourbon in small bowl; set aside.
2. Sift together flour, baking soda, salt, nutmeg, baking powder, cinnamon and cloves in bowl.
3. Beat granulated sugar and oil in large mixer bowl at medium speed, until blended. Add eggs, 1 at a time, scraping side and bottom of bowl after each addition. At low speed, beat in dry ingredients just until combined. Drain raisins through sieve; discard bourbon. Add raisins, carrots and pecans. At medium speed, beat 5 minutes more until batter is well blended. Pour into prepared pan; bake 1 hour and 15 minutes, until toothpick inserted in center of cake comes out clean.
4. Cool cake in pan on wire rack 15 minutes; remove side of pan. Cool completely. (For cake pan, run a knife around side of pan. Invert cake onto rack; remove pan and wax paper.) Transfer to serving plate.
5. *Make frosting:* Beat cream cheese and butter in large mixer bowl until smooth. Beat in confectioners' sugar, vanilla and lemon juice until light and fluffy. Spread over top of cake. Makes 12 servings.

Per serving: [illegible] fat, 67 mg cholesterol, 388 mg sodium, 69 g carbohydrates, 6 g protein, 51 mg calcium

LEMON ICEBOX CAKE

Food Editor's Favorite

Dear LHJ:
My husband and I recently celebrated a special occasion by having dinner at Clementine, in New York City. For dessert we ordered the icebox cake—it was out of this world! Would you kindly get the recipe?
Linda Lowe
Valley Stream, New York

Call it the sweetest task you'll ever undertake. If you make and assemble the cake a few days ahead, this extraordinary frozen lemon cake with caramel mousse and meringue topping will be worth all the effort. Individual cakes are served at the restaurant, but our version is assembled in one pan. For best results, use a standing mixer.

Prep time: 1 hour plus chilling and freezing
Baking time: 10 minutes

Caramel Sauce
1½ cups sugar
½ cup water
½ vanilla bean, split lengthwise
⅔ cup heavy or whipping cream

Compote
2 cups fresh or frozen huckleberries, blackberries or blueberries
cup sugar
1 tablespoon fresh lemon juice

Crust
1¼ cups graham-cracker crumbs
⅓ cup unsalted butter, melted (no substitutions)

1 cup heavy or whipping cream
2 jars (11 oz. each) prepared lemon curd
1 package (8 oz.) cream cheese, softened
¾ cup heavy or whipping cream

Meringue
6 large egg whites, at room temperature
1 cup sugar

1. Day One: *Make caramel sauce:* Bring sugar, water and vanilla bean to boil in 2-quart heavy saucepan over medium-high heat. Cook 5 minutes (do not stir). Cover and cook 5 minutes, until sugar dissolves. Uncover and cook 5 minutes more, swirling pan until syrup is amber. Remove from heat; with long-handled spoon, slowly stir in cream (mixture will bubble). Carefully discard vanilla bean. Return to heat; reduce heat to low and simmer, stirring, until caramel is smooth. Transfer to bowl; refrigerate 1½ hours until cool. *(Can be made ahead. Cover and refrigerate up to 24 hours. Microwave on High 1 minute; stir. Microwave 15 to 30 seconds more until room temperature and pourable.)*
2. *Make compote:* Combine berries and sugar in small saucepan. Cook over medium heat, until berries soften and mixture becomes juicy, 5 minutes. Strain berry mixture through a fine sieve into a small bowl. Transfer berries to another bowl. Return juice to saucepan and bring to boil; cook over medium-low heat until syrupy, 10 minutes. Pour syrup over berries; stir in lemon juice. Cool. *(Can be made ahead. Cover and refrigerate up to 24 hours.)*
3. *Make crust:* Heat oven to 350°F. Combine crumbs and butter in bowl. Reserve 2 tablespoons of crumb mixture in cup. Press remaining crumbs into the bottom of 9-inch springform pan. Bake 10 minutes, until crust is golden brown. Cool completely on wire rack. *(Can be made ahead. Cover crust and reserved crumb mixture and let stand at room temperature up to 24 hours.)*
4. Day Two: Beat cream in mixer bowl to firm peaks. Fold in 1 cup lemon curd. Refrigerate.
5. Measure ¾ cup cooled caramel sauce and pour into large mixer bowl (reserve remaining sauce). Add cream cheese and beat at medium speed just until smooth. Add cream and beat just until mixture thickens (will be the consistency of whipped cream). Cover and refrigerate.
6. *To assemble:* Spread another ½ cup lemon curd evenly over crust. (Reserve remaining curd for another use.) Gently spread caramel-cream mixture evenly over curd. Sprinkle top with reserved 2 tablespoons crumb mixture. Gently spread lemon curd–cream mixture evenly over crumbs. Drizzle reserved caramel sauce with a spoon in a zigzag pattern completely over lemon cream. Place in freezer.
7. *Make meringue:* Combine egg whites and sugar in large stainless-steel mixer bowl. Place bowl over medium saucepan halfway filled with gently simmering water. Heat mixture, whisking constantly, until warm and sugar is completely dissolved, 3 to 5 minutes. Remove bowl from water; beat egg-sugar mixture to just-stiff, shiny peaks. Spoon meringue into pastry bag fitted with a ½-inch round tip; pipe decoratively over cake. Freeze overnight.
8. Day Three: Thirty minutes before serving, transfer cake to cookie sheet and let stand at room temperature. Just before serving, position oven rack 8 inches from heat source. Heat broiler. Place cake on rack and broil cake just until meringue is golden, 1 to 2 minutes. Remove side from pan. Cut into wedges. Serve immediately with compote. Makes 16 servings.

Per serving: 495 calories, 30.5 g total fat, 18 g saturated fat, 170 mg cholesterol, 147 mg sodium, 52 g carbohydrates, 6 g protein, 54 mg calcium

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Knorr Sun-Dried Tomato Penne Pasta with Chicken & Broccoli

Makes 4 Servings — *Total Time: 15 Minutes*

- 1¼ cups water
- ¼ cup milk
- 1 tablespoon butter or margarine
- 1 package (5.1 oz.) Knorr® Penne Pasta with Sun-Dried Tomato Parmesan Sauce
- 1½ cups diced cooked chicken
- 1 cup frozen broccoli cuts, thawed, or cooked broccoli

1. In medium saucepan combine water, milk, butter and pasta with sauce mix. Stirring frequently, bring to boil over medium-high heat.
2. Reduce heat to medium and simmer uncovered, stirring occasionally, 10 minutes or until pasta is tender.
3. Stir in chicken and broccoli; heat 1 to 2 minutes.

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Daily Bread



Sesame-Poppy-Coated Twists

SESAME-POPPY-COATED TWISTS *

Test Kitchen Favorite

For optimum freshness, sesame and poppy seeds should always be kept in the freezer—and it's wise to taste them before using, to be sure they're at their flavorful best.

Prep time: 10 minutes plus standing and rising ◒ ▼
Baking time: 30 minutes

1 package active dry yeast
¼ cup warm water (110° F. to 115° F.)
4 cups all-purpose flour
1½ teaspoons salt
1 cup room-temperature water
6 tablespoons sesame seeds
4 tablespoons poppy seeds
1½ teaspoons kosher salt
2 tablespoons extra-virgin olive oil

1. Sprinkle yeast over warm water in 2-cup glass measure; let stand 5 minutes until yeast dissolves.
2. Meanwhile, pulse flour and salt in a large-capacity food processor. Add room-temperature water to dissolved yeast. With machine on, add yeast mixture through feed tube, processing until mixture forms a rough ball (adding about 1 tablespoon of flour if dough is very sticky, or about 1 tablespoon water if dough feels too firm). Process 30 seconds, *(continued)*

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Whole Wheat Rolls with Currants and Toasted Walnuts

DAILY BREAD

until dough is smooth and elastic.
3. Place dough in lightly greased bowl; turn to grease top. Cover bowl and let rise in warm draft-free place until doubled in bulk, 1 to 1½ hours.
4. Combine sesame and poppy seeds and kosher salt in cup. Grease a large cookie sheet.
5. Transfer dough to lightly floured surface; press into a 12-inch square. Sprinkle 3 tablespoons seed mixture over top. Fold square into thirds, business-letter style, to form a 12x4-inch rectangle. Pinch all seams to seal. Brush top with 1 tablespoon oil; sprinkle evenly with half the remaining seeds. With 2 large spatulas, invert rectangle, seed side down, onto prepared sheet. Brush top with remaining oil and sprinkle with remaining seeds. Cut rectangle crosswise into twelve equal strips.
6. Twist one strip at a time and stretch to form 6-inch-long twist. Arrange twists ½ inch apart on prepared sheet. Cover loosely with plastic wrap and let rise in a warm draft-free place 30 minutes, until slightly puffed.
7. Meanwhile, arrange oven rack in lower third of oven. Heat oven to 425°F. Bake 20 minutes, until twists begin to brown. Reduce heat to 375°F. and bake 10 minutes more, until browned. Cool on wire rack. Serve warm or at room temperature. Makes 12 twists.

* THIS RECIPE WAS NOT FORMULATED FOR THE BREAD MACHINE

PER TWIST		DAILY GOAL
Calories	225	2,000(F), 2,500(M)
Total fat	6.5 g	60 g or less F, 70 g or less M
Saturated fat	1 g	20 g or less F, 25 g or less M
Cholesterol	0 mg	300 mg or less
Sodium	477 mg	2,400 mg or less
Carbohydrates	35 g	250 g or more
Protein	6 g	55 g to 165 g
Calcium	95 mg	1,000 mg (F), 1,000 mg (M)

WHOLE WHEAT ROLLS WITH CURRANTS AND TOASTED WALNUTS*

Currants—the dried fruit of a small European grape, similar to but smaller than raisins—give these easy rolls a distinctive flavor, and pair nicely with toasted walnuts.

Prep time: 20 minutes plus standing and rising
Baking time: 18 to 20 minutes

1 cup currants or raisins
¾ cup hot water
1 package active dry yeast
¾ cup warm water (110°F. to 115°F.)
3 tablespoons honey
2 tablespoons butter or margarine, melted and cooled
2 cups whole-wheat flour
2 cups all-purpose flour
⅓ cup wheat germ
1 teaspoon salt
1½ cups walnut pieces, toasted
1 tablespoon cornmeal
1 large egg white, lightly beaten

1. Combine currants and hot water in 2-cup glass measure; let stand 10 minutes, until currants are plump and water is a light caramel color. Remove currants with slotted spoon to cup. Add enough water to return currant liquid to ¾ cup.
2. Meanwhile, sprinkle yeast over warm water in bowl; let stand 5 minutes, until creamy. Add yeast to currant liquid; stir in honey and butter. *(continued on page 208)*

Bread Machine Olive Bread With Thyme

Total prep time: 15 minutes plus cycle of your bread machine

Ingredients	Loaf Size= Small (1 lb.)	Medium (1½ lbs.)	Large (2 lbs.)
Extra-virgin olive oil	1½ teaspoons	2 tablespoons	2 tablespoons
Red pepper flakes	½ teaspoon	¾ teaspoon	1 teaspoon
Minced fresh thyme (or dried)	1½ teaspoons (¾ teaspoon)	2 teaspoons (1 teaspoon)	1 tablespoon (1½ teaspoons)
Room-temperature water	¾ cup	1 cup	1¼ cups
Butter or margarine	1½ teaspoons	1 tablespoon	2 tablespoons
Bread flour	2 cups	3 cups	3¾ cups
Nonfat dry milk powder	2 tablespoons	3 tablespoons	¼ cup
Sugar	2 teaspoons	1 tablespoon	1 tablespoon
Salt	¾ teaspoon	1 teaspoon	1½ teaspoons
Active dry yeast (or fast-acting yeast)	1¼ teaspoons (¾ teaspoon)	1½ teaspoons (1¼ teaspoons)	2½ teaspoons (1¾ teaspoons)
Pitted and halved kalamata, dried-cured, or stuffed green olives	½ cup	¾ cup	1 cup

1. Combine oil and pepper flakes in small skillet. Heat over medium heat just until pepper is fragrant, 4 to 5 minutes. Remove from heat; stir in thyme. Cool.
2. Add oil mixture and remaining ingredients to bread machine in order and times suggested by manufacturer's instructions. Bake on white-bread cycle. Cool baked bread on wire rack. Makes about 18 slices.

Small (1 lb.) loaf, per slice: 75 calories, 2 g total fat, .5 g saturated fat, 1 mg cholesterol, 171 mg sodium, 12 g carbohydrates, 2 g protein, 9 mg calcium
Medium (1½ lbs.) loaf, per slice: 125 calories, 4 g total fat, 1 g saturated fat, 2 mg cholesterol, 242 mg sodium, 19 g carbohydrates, 3 g protein, 13 mg calcium
Large (2 lbs.) loaf, per slice: 160 calories, 5.5 g total fat, 1.5 g saturated fat, 4 mg cholesterol, 348 mg sodium, 23 g carbohydrates, 4 g protein, 17 mg calcium

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MASSACHUSETTS

87. **[illegible] COUNTY**—Discover the Pilgrim Story, colorful

MINNESOTA

88. [illegible] MINNESOTA—

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90. MISSOULA—

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91. MONTANA—

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92. NEBRASKA—

NEVADA

93. DISCOVER BOTH SIDES OF NEVADA—

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94. NEW HAMPSHIRE LAKES REGION—[illegible]

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ties throughout the year, amusement rides galore, world-class dining and entertainment, water activities and historic tours.

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ONEIDA COUNTY—

104. ONONDAGA COUNTY—

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125. WEST VIRGINIA—

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3. Pulse flours, wheat germ and salt in a large-capacity food processor. With machine on, add yeast mixture through feed tube, processing just until mixture comes together. Process 30 seconds more, until dough forms a ball. Add reserved currants and walnut pieces, pulsing until nuts are chopped. On lightly floured surface, knead dough 1 minute, until currents and nuts are evenly distributed. Place dough in lightly greased bowl; turn to grease top. Cover bowl with plastic wrap and let rise in warm draft-free place until doubled in bulk, 1½ to 2 hours.
4. Grease a large cookie sheet; sprinkle with cornmeal. Punch down dough; transfer to lightly floured board. Divide dough into 16 equal pieces. Shape each piece into a ball. Arrange balls about 1½ inches apart in four rows on prepared sheet. Cover and let rise until almost doubled in bulk, 45 minutes to 1 hour.
5. Arrange oven rack in lower third of oven. Heat oven to 425° F. Brush roll tops with egg white. Bake 18 to 20 minutes, until golden brown. Cool on wire rack. Serve warm or at room temperature. Makes 16 rolls.

Per roll: 250 calories, 9.5 g total fat, 1.5 g saturated fat, 4 mg cholesterol, 167 mg sodium.

Recipes by Pam Anderson

BREAD-MACHINE RECIPES WERE TESTED BY INNOVATIVE COOKING ENTERPRISES, ANCHORAGE, ALASKA, AND THE *LADIES' HOME JOURNAL* TEST KITCHENS.

Bread Machine Orange Bread With Almonds And Cranberries

A simple glaze provides the perfect finish for this sweet orange bread with toasted almonds and dried cranberries.
Total prep time: 25 minutes plus cycle of your bread machine

Loaf Size:	Small (1 lb.)	Medium (1½ lbs.)	Large (2 lbs.)
Blanched slivered almonds	¼ cup	½ cup	¾ cup
Room-temperature water	¾ cup	1 cup	1 cup plus 2 tablespoons
Large egg	1	1	1
Butter or margarine, softened	1 tablespoon	2 tablespoons	3 tablespoons
Bread flour	2 cups	2¾ cups	3½ cups
Nonfat dry milk powder	1 tablespoon	¼ cup	¼ cup
Granulated sugar	1 tablespoon	2 tablespoons	3 tablespoons
Grated orange peel	1 teaspoon	2 teaspoons	1½ tablespoons
Fresh lemon juice	½ teaspoon	1 teaspoon	1½ teaspoons
Vanilla extract	½ teaspoon	¾ teaspoon	1 teaspoon
Salt	¾ teaspoon	1 teaspoon	1¾ teaspoons
Active dry yeast (or fast-acting yeast)	1¾ teaspoons (1½ teaspoons)	2 teaspoons (2 teaspoons)	2¼ teaspoons (2 teaspoons)
Dried cranberries	¼ cup	½ cup	¾ cup

Glaze (for 1-, 1½- and 2-lb. loaves)
1¾ cups confectioners' sugar
1½ teaspoons grated orange peel
2 tablespoons fresh orange juice
2 tablespoons butter or margarine, softened

1. **Heat oven to 350°F. Spread almonds on small cookie sheet. Bake 10 to 12 minutes, until fragrant and golden. Cool.**
2. ***Make dough:*** **Add almonds and remaining ingredients to bread machine in order and times suggested by manufacturer's instructions. Bake on either white- or sweet-bread cycle. Cool baked bread on wire rack, 30 minutes.**
3. ***Make glaze:*** **Meanwhile, whisk together confectioners' sugar, orange peel and orange juice in medium bowl until smooth; whisk in butter until blended.**
4. **Spoon glaze into a large plastic storage bag. Cut a ½-inch-wide opening in one corner of bag. Pipe glaze over top of warm loaf. Serve warm or cool completely. Makes about 18 slices.**



Orange Bread with Almonds and Cranberries

Small (1 lb.) loaf, per slice: 130 calories, 3.5 g total fat, 1.5 g saturated fat, 17 mg cholesterol, 122 mg sodium, 22 g carbohydrates, 3 g protein, 13 mg calcium
Medium (1½ lbs.) loaf, per slice: 180 calories, 5 g total fat, 2 g saturated fat, 19 mg cholesterol, 165 mg sodium, 29 g carbohydrates, 4 g protein, 28 mg calcium
Large (2 lbs.) loaf, per slice: 225 calories, 7 g total fat, 2.5 g saturated fat, 21 mg cholesterol, 269 mg sodium, 36 g carbohydrates, 5 g protein, 34 mg calcium

KNEAD NOT

There's nothing quite as comforting as fresh-baked bread. And since 1987, when modern bread machines first hit the market, bringing fresh loaves to the table has been a simple, knead-less task for a growing number of home bakers. According to the Bread Machine Industry Association (BMIA), approximately 20 million bread machines have been purchased—one out of every five U.S. households has one—and the number of bread-machine owners continues to rise.

For more information on bread-machine basics, pay a visit to BMIA's Web site at *www.breadmachine.org*. —Sarah P. Basso



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INSIDE THE JOURNAL KITCHEN

Our logo symbolizes 115 years of first-rate delicious recipes, triple-tested in the LHJ kitchen, and our commitment to quality as we bring dependable information—and great taste—to your table



Dinner On The Double

BARBECUED ONION-TOPPED TURKEY

Prepared BBQ sauce gets stirred into the sautéed onion topping to give these Cajun-spiced turkey burgers a great-tasting makeover.

Prep time: 10 minutes
Cooking time: 15 to 18 minutes

1 tablespoon plus 2 teaspoons olive oil
4 medium onions (1½ lbs.), thinly sliced
⅓ cup prepared barbecue sauce
¼ teaspoon salt
1 pound ground turkey
1 tablespoon Cajun spice blend for meat (salt-included blend)
4 kaiser rolls, split

1. Heat 1 tablespoon oil in large skillet over medium-high heat. Add onions and cook 12 to 15 minutes, stirring frequently, until tender. Stir in barbecue sauce and salt.
2. Meanwhile, lightly mix turkey with Cajun spice blend in large bowl. Shape into four 3½x½-inch-thick patties.
3. Brush grill pan with 2 teaspoons oil; heat over medium-high heat. Add patties and cook 3 minutes per side, until cooked through. Transfer patties to roll bottoms and top each with ½ cup onions and tops of rolls. Makes 4 sandwiches.

PER SANDWICH		DAILY GOAL
Calories	460	2,000 (F), 2,500 (M)
Total fat	20.5 g	70 g or less (F), 95 g or less (M)
Saturated fat	6.5 g	20 g or less (F), 25 g or less (M)
Cholesterol	87 mg	300 mg or less
Sodium	1,237 mg	2,400 mg or less
Carbohydrates	45 g	250 g or more
Protein	28 g	55 g (F), 90 g (M)
Calcium	117 mg	1,000 mg (F); 1,000 mg (M)

Recipe by Cynthia DePersio

Continued from page 63

as the woman he met twenty-five years ago. So it was a compliment after all.

Frank is a Brooklyn-born tough guy, yet he was afraid to touch me! He was worried he'd hurt me. And he did not want to hear *any* details.

November 5

Felt great to be back on the set. At one point I caught a glimpse of myself on the monitor. I stopped and said, "God, I really look good, don't I?" And everyone on the set cheered. Then we all stopped and had "a moment." These people—the actors, the crew, the hair and makeup people, the production team—are my extended family.

November 8

Dr. Leaf told me to sleep sitting up for a week or so to keep the blood from rushing to my head. So I haven't been sleeping too well. But last night I could lie down, and I slept like a baby—until I woke up with a terrible headache. I immediately thought I had a blood clot, so I called Dr. Leaf. He told me to take a warm bath before bed and to use three pillows. Apparently this is perfectly normal. Whew!

November 15

I'm panicking. When I unveiled myself on *Live with Regis and Kathie Lee* two weeks ago, my eyes looked perfect. I got E-mails from well-wishers all over the country. Then I woke up the other day with this red rashy thing under my eyes—as if the chemical peel was back. I was freaked out to be so far away from Dr. Leaf. I called him immediately, and he referred me to a dermatologist here in New York, Dr. Patricia Wexler. She said it was a delayed reaction to a peel. She gave me a strong cortisone cream, a silicone gel and light therapy (similar to a laser treatment). At night, I tape a silicone sheet onto my face. Not exactly romantic. Some of my anxiety probably would have been averted if I had had the two-week post-op checkup I was supposed to have with Dr. Leaf. But I wasn't about to go back to L.A. I'm still sure I made the right decision to go with Dr. Leaf, but I highly recommend going for a two-week checkup—wherever you are.

November 17

Am I glad I went through all this? Absolutely yes, though there were times I thought I'd never say that. Dr. Leaf said this face-lift should last eight to ten years. At the moment I'm adamant about never doing it again.

But I have to admit, it's lovely to feel younger, revitalized. I guess I am more vain than I thought. I feel more desirable to my husband, who parades me around like a prized poodle. He sort of pushes me up ahead of him and says to people, "Doesn't she look beautiful? So natural."

As for my career: My age was showing, and that's not the character I play. Having a face-lift has given me one less thing to worry about. ●





30 DAYS TO STOP FIGHTS

Continued from page 50

wrestle for it, we could take turns picking the show, or we could sell the TV and never watch cartoons again." Sometimes it helps to get these ideas down on paper.

- *Pick the best solution.* "Okay, we'll take turns. We'll watch your cartoon today and mine tomorrow."
- *Try it.* If the first idea doesn't work, try something else.

2. Start having family meetings. When kids know there is a time set aside to discuss problems and come up with solutions, they're less likely to get frustrated and short-fused. Nelsen suggests you start meetings by having each family member say something nice about everyone. "At first your children may find it hard to come up with something positive to say about each other, but they'll soon get better at it."

Then go over each person's concerns. These don't all have to be problems, of course. You could discuss next summer's vacation plans in addition to figuring out a fair chore distribution. Use the four steps for problem-solving you've taught them, getting everyone involved in brainstorming solutions. Always end your meetings with something fun—a board game, watch a movie, an outing.

3. Congratulations all around! Nothing is more gratifying than seeing your efforts to be a good parent pay off. You and your children should feel proud of all the progress you've made in one short month. ●

JOURNAL SHOPPING CENTER

THE NEW AMERICAN HOME Pages 168–172 All photos, Peter Vitale; designer, Michael Foster; [illegible] Suzanne Shattuck; hair and makeup, [illegible] B. Russell; models, [illegible] Kim Dawson. Throughout the house unless otherwise specified: furniture, Thomasville Furniture Industries, Inc., 800-940-4695; tiebacks, drapery/pillow trim, Conso Products Co., 800-845-2431; custom and pre-framed wall art, Deck The Walls, Inc., 800-887-DECK; cabinetry, Canac Kitchens, 800-CANAC4U; countertops, DuPont Corian, 800-4-CORIAN; drapery treatment fabrication and all decorative embroideries, Husqvarna Viking Sewing Machine Co., 800-358-0001; throws and cotton blankets, Faribault Woolen Mill, 800-448-9665; candles and oriental lighting by pool, Flintlock Faroy, 800-256-5689; floor stains and polyurethane, The Flecto Co., 800-635-3286; computers, Gateway 2000, 800-846-4875; outdoor lights and hanging interior lights, Lights Fantastic, 214-987-9655; Graber hardware and Hunter Douglas Window Fashions, cordless telephones, available at Montgomery Ward, Box 500, Route 405, Montgomery, PA 17752; Hunter Douglas Window Fashions, 800-937-STYLE; "Shur-Stik" wallpaper prep material, Gibson-Homans, 800-433-7293; paint throughout home, Glidden, 800-GLIDDEN; painted furniture artist, Susan Goans Driggers; fireplace accessories and hearth products, Hearth Products Assoc., 800-288-7511/800-833-1139; decorative accessories throughout home, lamps, Sealy mattresses, JCPenney stores and catalog, 800-222-6161; area rugs, Nourison, 800-223-1110; unfinished furniture/custom painted furniture, Mastercraft–S.J. Bailey & Sons, Inc., 717-586-1811; decorative paints, stencils, glazes, faux finishes and specialty paint tools, Plaid Enterprises, 800-842-4197; tiles, Mannington Tile, 336-249-3931; ceiling fans, Quorum International, 817-626-5483; fabric for window treatments, pillows, table linens, Robert Allen, 800-333-3777; decorative painting, Sanders Studio, Inc., 972-233-1777; flowers, The Garden Gate, 214-220-1272; bath linens, towels, Wamsutta, 888-WAMSUTTA; antiques, The Whimsey Shoppe, 214-824-6300; overall painting, Goldsmith & Jackson Painting & Decorating, 972-771-9602; carpet, Karastan/DuPont Stainmaster, 800-234-1120; sinks, faucets, bathroom accessories, Kohler Co., 800-4-KOHLER; bed pillows, Dupont Comfort Product, 800-54-SLEEP; bed linens, Wamsutta, pillow forms, Fairfield Processing Corp., 800-980-8000. MASTER CLOSET: closet "Classic" organizer systems, Windquest Companies, Inc., 800-562-4257; wallpaper, Eisenhart Wallcoverings Co., 800-931-WALL. STUDY: wallpaper, Donghia Furniture/Textiles, 800-DONGHIA. GIRL'S AND BOY'S ROOMS: baskets, Palecek, 800-274-7730. BACKYARD: outdoor furniture and planters, Barlow Tyrie, Inc., 800-451-7467

LHJ BOOK BAG

Read the book on which this issue's story "7 Steps to a More Spiritual Marriage" (page 52) is based. The Marriage Spirit: Finding the Passion and Joy of Soul-Centered Love, by Drs. Paul and Evelyn Moschetta, teaches couples how to transcend everyday companionship and find extraordinary love and happiness. By special arrangement with Simon & Schuster, this 288-page hardcover sells for $29, which includes shipping, handling and applicable sales tax.

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Continued from page 155

night of Elijah's life with him and his mother at the hospital. "Things, with the insanity of the entertainment business, your children keep you sane," explains Larry Strickland, Naomi's husband of eight years and "Pop" to both her children. "I remember one day Wy was being interviewed here by a big newspaper, and she was talking about being a star. And this plaintive little voice is calling her from the bathroom: 'Mommy, wipe me.' It's hard to take yourself too seriously when you have little kids."

While sisterly love abounds these days, the two admit that at times the competition between them has been fierce—not so much when it comes to their careers, where each is the other's biggest fan, but rather when it comes to getting their mother's attention. Sometimes when they haven't seen her for a while, we're practically doing backflips when she comes in the room," says Wy. What exactly do they want from her? It's not always easy for them to articulate, but Wynonna gives it a try. "Personally, I long for my mother to be a grandmother. I don't want her to be Naomi Judd, Queen of Everything, going all over the world as a speaker."

And do they ever get envious of each other? The sisters flash each other knowing looks. "I was sitting at home, postpartum," begins Wynonna, "and just thinking about my sister. It was like, She's beautiful, and dumpy, and I'm mad because I don't party with my girlfriends and I can't find a baby-sitter. At a moment's notice Ashley can be, like, 'Oh, I think I'll go to Paris.' I am tied down. But then I'll look at Elijah and Grace and think, Wait a minute. You have to give up something to get something."

Then again, Ashley sees in her sister another kind of freedom she yearns for but doesn't yet have: the freedom not to worry incessantly about what other people think of her. "I envy my sister's sense of humor and spontaneity," she explains. "She's not afraid to say what she thinks. I can't be that open."

Indeed, despite her physical exhibitionism (she has not shied from doing nude scenes), Ashley is, by her own admission, "the family watchdog." "Mother's a people person. Wy is willing to make herself vulnerable to the outside. But I'm the most protective of our privacy and our rituals," she explains. As evidence, Ashley cites, with a visible cringe, the premiere for *Kiss the Girls*: "It occurred to me that we were going through the press line, and Mom might want to do some of the little things we do amongst ourselves, and I wanted to tell her, we don't need to do 'Akka-Pakka-Piggly-Wiggly' [a family rhyming game] on *Entertainment Tonight*."

Yet, for the three Judds, coming to terms with being in a family of entertainers is part of learning to get along as a family. "Ashley's fearful of being famous as a family because she wants home to be this sacred, sweet little place," explains Wynonna. "She doesn't want it to change. She hasn't come to the point Mother and I have. We worked hard for years to become famous, and there's this sense with us that, Hey, we better groove on it right now, because it can all be gone so quickly." *(continued)*



Ashley is particularly touchy about discussing her lovelife—which, admittedly, has been tabloid fodder for the last couple of years. When asked whom she's dating, Ashley replies with a tony, almost indecipherable foreign word that, roughly translated, means, "Back off, bub." (Strickland later confirms that she and Bolton are seeing each other again.)

"She relishes being able to say that to you," says Wynonna. "I want to teach people through my mistakes as well as my successes. I'm willing to say, 'Unfortunately, that guy I dated was a loser.' Ashley's not as willing to say that. And see, she wants to be famous when she's working on a movie and wants to have her own life when she's not. She hasn't accepted yet that she can't have it both ways."

Ashley glares at her sister, then laughs. "I guess I'm afraid of not being dignified," she says quietly.

Certainly, Ashley is seeking dignity in her work. An avid reader, she is not on the prowl for more blockbuster movies. She'll next be appearing as the mother in *A Small Miracle*, an adaptation of the novel *A Prayer for Owen Meany* by John Irving, about a diminutive child who believes God has a special gift for him. She is loath to compare herself to anyone, but the actresses she admires are those known more for the quality of their craft than their bankability: Vanessa Redgrave, Jessica Lange, Judy Davis, Joan Allen.

As for Wynonna and Naomi, it's taken much trial and error to learn to get along, but now when there's irritation between them, it just slides right by. There is even some talk of the two of them singing together again—depending on Naomi's health. After a grueling course of treatment with interferon, a protein that inhibits the virus's ability to replicate, Naomi's hepatitis has gone into remission. For most hepatitis sufferers, such a remission is temporary; for a small percentage, though, it becomes permanent. "Even though they're saying this is a no-win disease, I'm going for the cure," Naomi says.

After hanging out with this battling and loving family, one can't help wondering: What will Wynonna tell her own children about getting along with each other? "Hah! Paybacks are hell!" Wy snorts. "Maybe I'm going to be paid back with my kids for all the fighting me and Ashley did. But I guess you just have to pray a lot, and try to instill kindness and generosity by example. It's like, Ashley watches me, I watch her and we both watch our mother for life lessons. And it's the same with my kids. They're going to watch me a lot more than they're going to listen."

But Wynonna is shrewd enough not to be too much of a Pollyanna. As she likes to say about her family, "We put the *fun* in dysfunctional." ●

Judith Newman, who is a contributing editor for Mademoiselle and Allure, also writes for The New York Times.

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care of all that. Why do you keep bringing this [racism] up?' "

FEAR AND ANGER

While the civil rights era saw major changes, "we stopped working on it," Abbott believes. Clinton's call for national "conversations" on race, the bitter court fights over busing and affirmative action, chilling incidents of police brutality against Blacks, and the ongoing cases of racial bias throughout the country all speak to America's persistent difficulty in solving its race problem. Even the briefest of encounters between the two races can be cause for alarm and tension, as this scenario reveals: "Sharon, a White female, and Brenda, a Black female, are walking down the street talking. Four African-American teenage boys approach from the opposite direction and Sharon freezes."

"All right, I admit that's a racist response," says Laurel Touby, the White journalist. "But truthfully, if I see four Black kids together, I'm more scared immediately, with no reason, than I am if I see four White kids." These kinds of reflex, gut fears of Blacks by Whites, are particularly galling to Blacks. And it's not just teenage Black boys who elicit such fears. More and more Black women complain about being followed in department stores as if they were going to shoplift, or about being refused entry at all—as happened to Oprah Winfrey. Apparently unrecognized, Winfrey was denied entrance when she rang the buzzer of a posh New York boutique. The news media often fuel these fears with its negative portrayals of African-Americans.

"I know tons of crime is done by Whites," Touby says, "and I know plenty of White people are on welfare, but in my experience and from what I see in the media, the more aggressive men are Black." In fact, in Touby's experience, the more aggressive *people* have been Black. Growing up in Miami, where she went to a predominantly Black junior high school, Touby has vivid memories of Charmaine, the Black girl who became her nemesis, often threatening her physically and verbally at school. "I can still see her long, lacquered fingernail on my nose and hear her saying, 'Hit it off, bitch. C'mon. Hit it off.' "

Yet Touby's fears, like those of many other Whites, are grounded in something much deeper than memories of a childhood bully: "There is always the assumption that you're going to be hated by Blacks," she says. "And I don't have the language to talk Blacks out of their rage if they threaten me."

There it is. White fear of Black anger. Vague, free-floating, but always palpable, rising to the surface in the most ordinary of encounters between Blacks and Whites. It doesn't help that after (continued)

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BLACK AND WHITE WOMEN

Continued

four centuries, Whites and Blacks still don't know each other very well. Indeed, in some areas of the country, Whites don't come in contact with any Blacks at all. Mims Harris, for instance, who grew up in a small town in Idaho that had a population of 20,000, with one Black family, didn't meet an African-American until she was a graduate student.

She admits that she is occasionally afraid to be honest in her dealings with Blacks. "Sometimes I'm so afraid I'm going to say or do the wrong thing that I might not challenge something a Black person says that I don't agree with." There is the fear of being labeled racist, but for many Whites there is also an anger that comes with that fear. Blacks tend to filter everything through a racial lens, Whites complain, when the truth is that every comment, question or disagreement from a White person is not racially motivated, and certainly not racist.

A large part of the difference in perception has to do with style: Black women are often more vocal and more expressive in language and gesture. Whether it's making a statement with hands on hips or pointing a finger for emphasis, their manner can be intimidating to a White woman whose culture encourages more understated behavior.

Harris doesn't think Blacks overstate the race issue. "In general, when I hear Black people say something was racist, it probably was," she says. "But that's hard for Whites to hear. I finally got it when I understood the privilege issue. What it means to be White is that I never have to think about being White. But every day a Black person has race in his or her face."

HOW RACE COLORS EVERYTHING

What has constantly having to confront race done to the sensibility of African-Americans? One of the mo debilitating legacies of slavery is th race dominates almost every area- even the most intimate—of Black lives. Take a look at this scenari "An African-American woman downtown and sees an interraci couple—a White woman with a Blac man—approaching, holding hand and laughing. The Black woma shakes her head and glares at ther as they pass by."

Pynke Gohaner-Lyles, the Blac agency deputy director, lets out sigh of exasperation listening to th scene. "God knows, people gave u their lives for us to have equality, she says. "You want the races t mix—you want real integration. Bu now you have our men crossing th line to be with White women, and don't feel good about it."

Interracial unions between Blac men and White women have alway been an explosive issue in America race relations, and for Black wome they've ignited some new hostilitie "I don't have a problem with it much as I used to," says Sand Naves, the Black prison official fro Michigan, on the *idea* of interraci dating. "But what I do have a prol lem with is knowing that as attra tive as I might be as a Black woma I can be made to feel not goo enough when a Black man chooses White woman."

For Black women a large part what they resent about White fema privilege is that society affirms Whi women regardless of how th look—and rarely affirms Black wor en, no matter how beautiful. This what makes Black women ang when they see a Black man with White woman they consid unattractive, or see a Black ma marry down in class to a Whi woman. Added to this is what ma Blacks see as White culture's conti- ued appropriation of Black cultur Whether it's White teenagers liste- ing to Black rap music or White su- urban housewives slapping ea other a high-five, Blacks feel their and expression get co-opted by te larger society. "It goes right back

this: What do we have that's ours?" says Gohaner-Lyles. "Now, we don't even have our men." That is not the reality, of course, but it is too often the perception, and that becomes yet another wedge dividing us.

HEALING THE WOUNDS

What will it take to start the racial healing process? Certainly, honest talk between the two groups is a crucial first step. But before the sides can even talk, they have to become comfortable with the racial and cultural differences each brings to the table, and recognize that different doesn't have to mean divided. Blacks have to learn how to communicate with Whites without anger, and Whites have to learn to listen without denial. "We Whites are the ones who have to work on the racism issue," says Debra Abbott. "People of color have been trying to reach us for a long time. We have to understand independently what it means to be White and how that affects people of color."

Sandra Naves, recognizing that black anger gets in the way of racial dialogue, says, "One of the things I can do is work to get rid of my hostility. When a White person asks me something, instead of getting an attitude, I can see it as an opportunity to broaden her horizons, to help her understand why I think the way I do, or dress the way I do or wear my hair in braids."

"Change always starts with one person saying something to another person," Greer Wilson says. "It doesn't happen when you get five hundred people in a town meeting. It's always going to be when Susie Jones and I have this dialogue. I may not agree with everything she says—and I don't have to. But there will be an opening up of our minds, a look at how she sees her experience and how I see mine. And there should always be respect for whatever differences we bring." ●

Audrey Edwards is editor-at-large for Essence and a contributing writer for Ladies' Home Journal.

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What Women Really Want In Bed

If your idea of a sexy interlude is to lock the door, pull the shades and go to sleep, you are not alone.

By Elizabeth Rapoport

I've figured out the dirty little secret of women's fantasy lives, and it's got nothing to do with soaking in a penthouse Jacuzzi with Richard Gere. Sleep is the sex of the nineties—it's replaced sex as that obscure object of desire that inhabits our daydreams. When I indulge in an out-of-body experience during a particularly dull meeting, my most rewarding fantasies aren't erotic. They're about checking out for hours and hours of glorious, uninterrupted sack time. My idea of phone sex is calling 1-800-M-A-T-T-R-E-S.

I don't need Gallup for confirmation. I know a trend when I'm living it. My friends and colleagues concur. Sarah says she would rather lay her head on a pillow than anywhere else. Maria says her friends don't want to fool around on the weekends; they just want to recover from the week (oh, no, not *another* recovery movement). Barb claims that no one she knows is having sex—unless they're on some procreational full-court press to get those babies in before the buzzer sounds.

Obviously, for working parents, small children are the big problem. I guess I should have had an inkling of the trouble ahead when I read a magazine survey after our first child was born. In response to the question, "How do you feel about sex after the baby?" one new mom answered, "Fine, just don't wake me."

A recent book by a sex therapist confirms that fatigue is a big problem in people's sex lives. She explains that we go through R.E.M. cycles several times a night, once every ninety minutes, at which time we become aroused—only we are unaware of it because we are out like a light. She recommends setting your alarm to go off ninety minutes after you fall asleep. When you wake up you'll be in one of your R.E.M. cycles, so you'll be in the mood. Yeah, you'll get me up after those precious ninety minutes when you pry my cold, dead fingers from the pillow.

I do see hope on the horizon. Two months ago my husband and I took our first real vacation—three days and two nights—away from our two small children. On our last pre-child vacation, we embarked on an exotic trip abroad with a complicated itinerary. This time around, we didn't even bother to pick a destination. Our only goal was so modest it was almost pathetic: to go to sleep at night and wake up whenever we happened to—not when tiny voices shouted "Uppies! Uppies!" in our ears.

The first morning, we made it to 7:13. The second morning, we lasted until almost eight. I was a new woman. For the first time in recent memory, whenever I closed my eyes, they didn't pine to stay closed. I felt energized, alive . . . in fact, sexy! We were, in all modesty, animals. Two days after we returned, however, the inevitable exhaustion crept in. We're looking forward to re-creating that connubial bliss soon—perhaps when the kids are in their surly, affectless teenage years. In the meantime, my husband and I trust that one day our lust for sleep will recede and truly smutty thoughts will regain their rightful pride of place in our fantasy lives.

Who knows? Perhaps that day will come sooner than you think, darling. There I'll be, draped in that low-cut black nightgown you bought me on our honeymoon in Florence, back-lit by flickering candles, my limbs still moist from a fragrant tub, awaiting the caress of the massage oil that warms at your touch.

But for now, wake me and you're a dead man. ●

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JOURNAL

APRIL 1998



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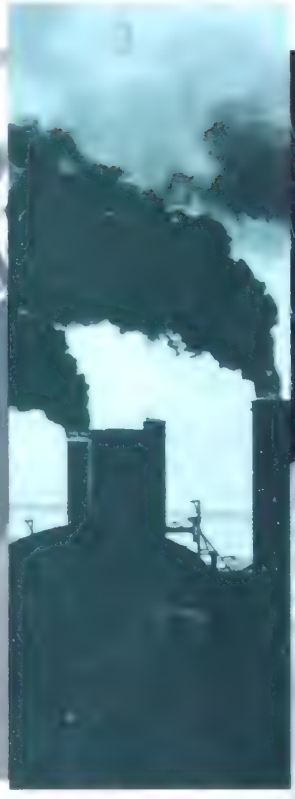
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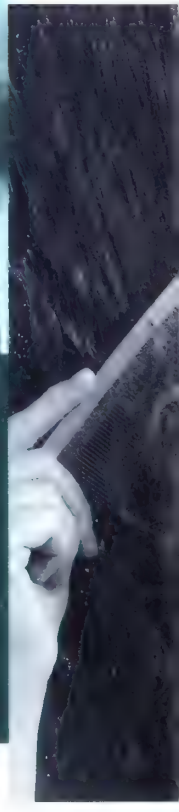
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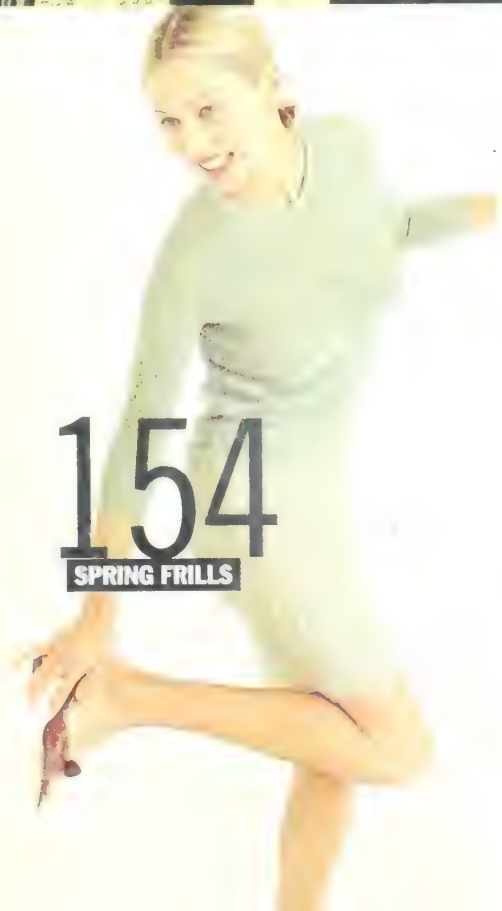
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LADIES' HOME JOURNAL online

http://www.lhj.com


Will that black dress
still be devastatingly beautiful?
IVORY
SNOW

Teaming Up



At *Ladies' Home Journal*, we are proud of our association with many outstanding organizations. In this issue, for example, we developed a diet with the American Dietetic Association we are calling The Diet of the Century. Okay, so we're not exactly being modest with our title. But this diet, based on sound nutritional principles and delicious recipes, really does work. The American Dietetic Association has seventy thousand members, the largest group of food and nutrition professionals in the nation.

Another organization with which LHJ has developed an exciting partnership is the Susan G. Komen Breast Cancer Foundation. The Foundation's founder, Nancy Brinker, is a friend whom I admire very much. The Foundation is named for her sister, Susan. Before Susan died of breast cancer, Nancy promised that she would devote the rest of her life to fostering breast-cancer research, education, screening and treatment. In 1982, Nancy started the Foundation with just a few hundred dollars. Now it is the nation's largest private funder of research dedicated solely to breast cancer, and hundreds of thousands of women receive the life-saving message about early detection through Komen's outreach efforts. We're very pleased to be working with both these organizations in our goal to inform and empower women.



THE AMERICAN DIETETIC ASSOCIATION

LHJ has partnered with the Komen Foundation (founder Nancy Brinker, above) and the ADA to bring you must-know information

MYRNA BLYTH
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100 Most Important WOMEN



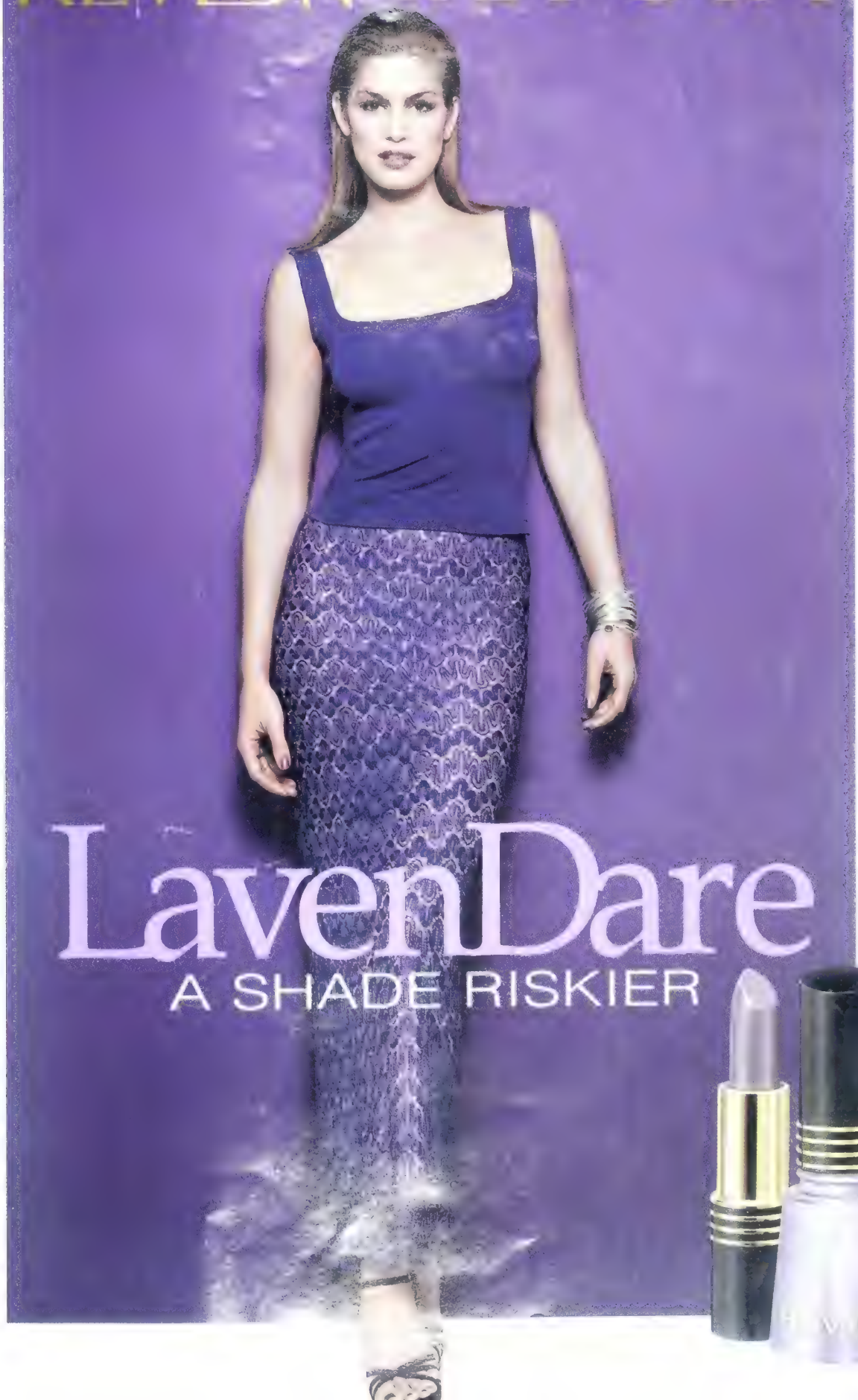
From scat to swing, Ella created indelible music memories

THE JAZZ SINGER
Ella Fitzgerald
1917-1996

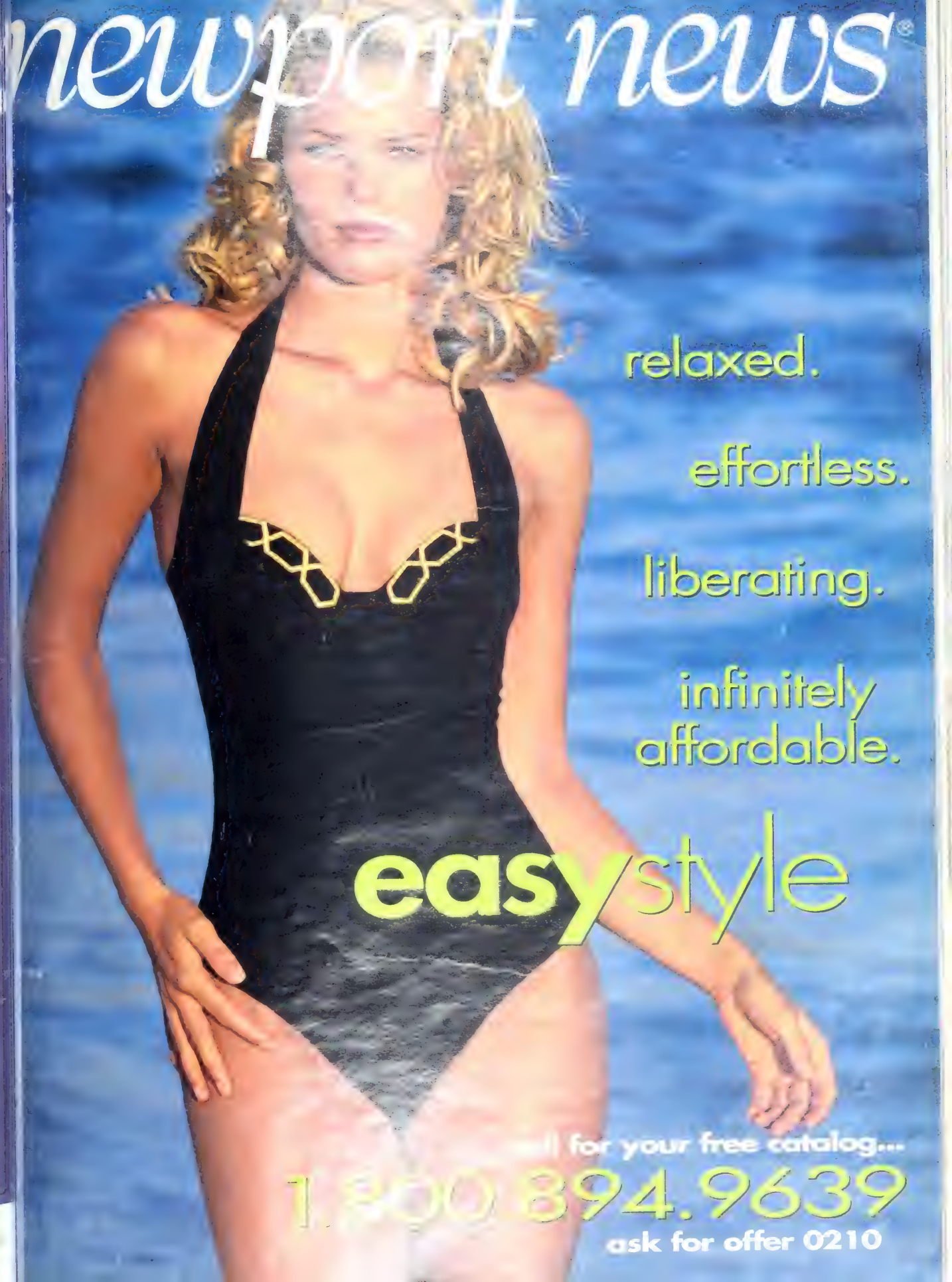
"She was the lady who taught us all how to sing," singer Tony Bennett said of Ella Fitzgerald. More to the point, silvery-voiced Fitzgerald taught us how to listen. During a six-decade career, she released more than 250 albums, covering everything from swing music and bebop to country and western.

Fitzgerald began touring with Chick Webb's band in 1934, after winning an amateur contest at Harlem's famed Apollo Theater, and she performed constantly until 1993. Audiences adored her tonal purity and unfailing buoyancy and, above all, her ability to scat. She'd begun singing these nonsense syllables in the 1945 recording "Flying Home," and they became her signature.

Beginning with *Ella Fitzgerald Sings the Cole Porter Songbook* in 1956, Fitzgerald dusted off better- and lesser-known show tunes of America's top songwriters—Rodgers and Hart, Duke Ellington, Irving Berlin, George and Ira Gershwin, Jerome Kern—and revealed for the first time their depth and inherent genius. "I never knew how good our songs were," gushed Ira Gershwin, "until I heard Ella sing them."


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MEET OUR CONTRIBUTORS



Patti Davis

"We'd all like to think that we're healthy enough to never let someone mistreat us," says Davis, who examines her own brush with an abusive boyfriend in "Dangerous Liaison" (page 70). "But the truth is, everyone has suffered abuse in some form or another. And we gain much of our strength as individuals from surviving it—whether we admit it or not."

Alison Miksch

People in Miksch's line of work have their own way of watching what they eat. "When you take pictures of food, you're bound to get a taste," says the still-life photographer. Fortunately, all the recipes she shot—and sampled—for "The Diet of the Century"(page 166) were derived from years of nutrition research compiled by LHJ and the American Dietetic Association.





George Holz

Although this acclaimed photographer has worked with some of the same celebs as Barbara Walters—Rosie O'Donnell, Bruce Willis—he and the journalist never met before the shoot for our cover story (page 144). "She asked me such insightful questions while I took the pictures, I felt like I was being interviewed," says Holz, who also contributes to *InStyle*.

Susan Dworkin

In "My Mother-In-Law and Me" (page 62), Dworkin offers a more realistic picture of that often-maligned relationship. "Women in extended families usually respect one another," she says. "There's patience and cooperation, if not love." Dworkin is the author of twelve books, including her most recent novel, *The Book Of Candy* (Four Walls Eight Windows, 1996).





Melinda Marshall

A book-club meeting confirmed for Marshall the existence of a common psychological syndrome—fetal attraction. "We spent two minutes discussing the novel and two hours strategizing how to fit another baby into our busy lives," says the LHJ Contributing Editor, who explores the phenomenon in "Baby Lust" (page 152).

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CAN THIS MARRIAGE BE SAVED?

"He Acts Like A CHILD"

Donna is constantly reminding Leo to pay the bills. She says he needs to grow up; he says she needs to lighten up.
By Andrea Warren



DONNA'S TURN

"I've had it with Leo," thirty-nine-year-old Donna declared tearfully, her slim frame tense with anger. "Something just snapped last week when the bank called about our mortgage payment. I told them the check must have been lost, but I knew better. When I confronted Leo, he said he'd mailed it. Then he confessed it was in his briefcase—along with other bills he'd 'forgotten.'

"We've been married twenty years, and I know he'll probably never change. He is so irresponsible. He has had a management position at the same corporation for twenty-five years—but he constantly messes up our personal finances. He does the same thing with his health. He's diabetic, and I have to monitor his diet and medication. If he really cared, he'd act like a grown-up.

"For the first time I think I can be on my own. My attitude started to change when I was diagnosed with colon cancer three years ago. That was a few months after finding out that Leo was seriously diabetic. I had been taking care of everything for him, from regulating his diet to picking up his prescriptions. But when I was diagnosed, I was on my own.

"I've always had to be the one in charge. My folks both worked long hours in a factory. My younger brother had severe asthma and got all the attention, while I took care of the house and fixed all the meals. I got blamed for everything that went wrong. My mother was always yelling at me, and my father and brother constantly put me down.

"The only way I got any praise was to do everything right. I got good grades and wanted to go to college, but my parents said I'd just get married, and besides, I'd think I was too good for them if I were educated. So I took secretarial training and dreamed of the day I could move out.

"I was nineteen when I was hired in the secretarial pool at Leo's company. I liked him immediately. He was so different from my father—college-educated, nice manners.

"We started talking at the office Christmas party, and I was thrilled when he asked me out. We were married four months later. I realize now we didn't know each other very well. We had problems right from the start. Leo insisted on handling our money, but he never paid the bills on time or wanted me to know our bank balance. Whenever I got upset, he'd make some lame excuse, like, 'I don't want you to worry.'

"Occasionally, he's really thoughtless, like coming home from work several hours late without even calling. Dinner is ruined and I'm hopping mad. Then he apologizes—but does it again.

"Maybe it has to do with his mother. She's constantly telling him what to do, what to wear and how to spend his *(continued on page 18)*

THE MOST POPULAR, most enduring women's magazine feature in the world. This month's case, about a couple struggling with questions of equality and dependence, is based on interviews with clients and information from the files of Diane Zeidwig, L.M.F.T., a therapist in De Land, Florida. The story told here is true, although the names and other details have been changed to conceal identities.

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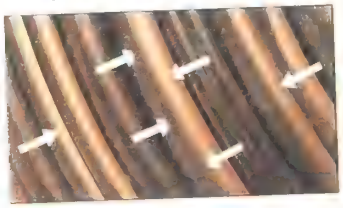
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money. Leo is always pleasant to her, but he usually does the opposite of what she advises.

"He does the same thing with me. When I tell him something, he calls me 'Mom' in this really demeaning way. But if I *don't* remind him, nothing gets done. I have to mother my husband as much as I did my son.

"I quit working when Brian, who is now nineteen, was born. When he was twelve, I got a part-time job at the gift shop where I still work. I bank my paycheck because I'm always worried about money.

"I often thought about college, but I wasn't sure I could do it, so I concentrated on taking care of our family. If I needed to work an occasional evening, I always made sure Brian and Leo's supper was ready so all they had to do was heat it. I raised Brian much differently from the way I was raised. He's a college freshman now and very self-confident. I doubt he appreciates all I do any more than his father does.

"Believe me, Leo's health would be a lot worse if I weren't so careful. If I were diabetic, I'd read everything I could get my hands on. When I first noticed my own symptoms, I went right to the doctor. He wanted to 'monitor the situation.' I insisted on tests. I ended up having part of my colon removed.

"Leo tried to be helpful, but all he ever said was, 'Don't cry, you'll be okay.' He never seemed worried. He's never been verbally affectionate, even though I want so much to hear him say he loves me. Our sex life has become mechanical.

"There are times when I wonder why we go on together. You know those couples you see in restaurants who bring the newspaper to read while they eat? Well, that has become Leo and me."

LEO'S TURN

"Why does Donna want to leave me?" said Leo, a handsome forty-six-year-old man. "I've always tried to protect her so she doesn't have to worry. I hate for her to get angry or feel anxious.

"I see the glass as half full and she sees it as half empty. Actually, it was her seriousness that first attracted me to her. I knew as soon as we started dating that she was the one for me. She was my first big romance and I was hers.

"I grew up an only child, and my parents showered me with love. We never had to say 'I love you' to each other; it was understood. Donna grew up thinking nobody cared about her. She thinks I don't love her if I don't say it, but that's just not my way. Don't I show I care by going to work every day and not running around on her?

"That's how my dad did it. My mother thought she called the shots in our house, but in truth Dad often protected her. One time I got in trouble at school, and he took care of it and said it would be our secret. He never let my mother know about financial problems because she would worry. Donna worries a lot, like my mother, so I guess I react the way my father did.

"I know I sometimes forget to call if I'm going to be late, and sometimes I screw up the bills. But Donna makes a federal case of it. I make a good living; our finances are fine. Why doesn't she back off?

"I'll admit I could take better care of my health. But once I was diagnosed with diabetes, Donna took over, monitoring every bite of food I ate. I'm not going to let this disease control my life. Even my doctor says you can't follow the diet one hundred percent of the time. Donna also nags me constantly about my medication. Once I got so frustrated that I threw the pills away to spite her.

"Her vigilance did pay off when there was something wrong with her. She insisted the doctor do a test; I would have just ignored any symptoms. For some crazy reason, she thinks I wasn't worried when she was sick. I was terrified I'd lose her, but I'd tell her everything would be okay because I thought that's what she needed to hear.

"I feel like everything is my fault. Donna and I barely talk to each other. She's always angry, and I'm tiptoeing around, trying not to upset her. There's not much spark *(continued)*

Under the circumstances, Donna would have turned any partner into a child, and Leo would have turned any woman into his mother

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between us anymore. But I don't want a divorce. I love my wife."

THE COUNSELOR'S TURN

"The first time I saw this couple, they sat far apart and had no eye contact. Leo seemed lifeless, while Donna was animated. Having survived cancer and finished day-to-day parenting when her son left for college, Donna wanted to make changes in her life. She was no longer willing to stay in an unfulfilling marriage.

"But in a strange way, Donna and Leo were well suited. Both of them continued patterns they had set in childhood. Like Donna's father, Leo was emotionally distant, and she handled him as she had her father, winning approval by being competent and detail-oriented. Leo, in turn, tried to protect Donna as his father had protected his mother. Leo told me his father once took out a bank loan to cover bills without telling his mother. That kind of behavior sent a powerful message.

"On one level Leo was happy to let Donna assume his mother's role, but he also resented it. When parents are loving but controlling, a child's emotional development sometimes stalls. Leo was like a fourteen-year-old who craves his mother's care yet rebels by sabotaging her efforts. Similarly, Leo defied Donna by not calling when he would be home late or refusing to take his medication.

"Neither of them was happy with this parent-child dynamic. Unless they could function as equals, this couple was finished. I pointed out that under the circumstances, Donna would have turned any partner into a child, and Leo would have turned any woman into his mother. Leo tried adolescent power plays on me as well, setting appointments to suit *his* convenience and then 'forgetting' them. But instead of scolding him, I spoke to him as an adult, demonstrating this behavior for Donna.

"Donna had to stop parenting Leo or making him feel incompetent.



This was scary for her because she derived her feelings of worth from this. She agreed to stop managing Leo's illness for him. She could ask if he would like her to pick up his medication if she was going to the pharmacy anyway, but she couldn't automatically do it and then dole it out to him. He might not attend to details as meticulously as she would, but he wanted to stay healthy and was willing to do the basics.

"Once Leo no longer felt he was being treated like a child, he didn't have to sabotage their relationship. He was, at heart, a kind and thoughtful person, and he quickly began doing things Donna requested, like calling if he was going to be late. He also stopped playing games about bill paying, and even agreed to share the balancing of their finances with Donna.

"Then it was time for them to relearn how to behave as lovers. Their courtship had been very brief, and moving right into the mother-son dynamic had condemned them to an uninspired sex life. They began going on dates, which not only changed how they talked to each other but also dramatically improved their sexual relationship.

"Donna craved affection but had never been able to ask for it. What she had really wanted when she got cancer was for someone to take care of her. Leo was willing, but didn't know how. So Donna had to learn to say, 'I really need a hug now' or 'I like it when you run your fingers through my hair.' I gave them a series of intimacy exercises that consisted of completing several statements each day, such as 'What I loved about you today was . . .' and 'What I'm feeling right now is . . .' This helped them concentrate on the present, and after a few weeks, they were able to spontaneously tell each other their feelings. Soon, Leo was offering affection before she asked for it and telling her he loved her. They began coming to sessions holding hands.

"I was concerned that because Donna had managed her illness with such competence, she had never come to grips with her own fear of mortality, which is something cancer patients must do. When I finally got her to talk about it, she cried for three sessions. Because all Leo said was that she would be okay, she didn't know whether he cared if she died. Her isolation had added to her anger, which made her lash out at him. He would act hurt, then retaliate by provoking her in subtle ways, making her even angrier.

"By our last session, both Donna and Leo felt their marriage had improved dramatically. Instead of watching TV in the evenings, they were more likely to play a board game, go for a walk or just talk. Donna had signed up for a college course; she'd also joined a cancer support group and was counseling others.

"On their last visit, Leo said, 'I really look forward to seeing my wife at the end of the day. We're in a whole new place. This is the way it's supposed to be.'" •



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Think Pink

But think *carefully*. While nearly every makeup line is featuring pink this spring, not every shade works for everyone. According to makeup artist Trish McEvoy, fair-skinned blonds look best in brown-based pinks, worst in Barbie-doll brights (which can make their skin appear sallow). Brunets can easily wear a wider pink palette—even bright fuchsias. For redheads, wearing pink is particularly problematic. Better bet: tawny corals.

Sally Hansen Hard as Nails in Babe Frost

Estée Lauder Perfect Finish Nail Lacquer in Tutu

L'Oréal Nail Enamel in Punch

Lipsticks, from left: Yves St. Laurent Rouge Pur Transparent Lipstick #10, Revlon MoistureStay Lipcolor in Skin, Givenchy Rouge Couture Lipstick in Rose Gazar, MAC lipstick in Rizzo

Dear Beauty Doctor

Q. *Is it true that using eyedrops every day can be bad for your eyes?*

A. "Repeated daily use of drops that are formulated to remove the red won't harm your vision, but eventually it may make your eyes even redder," says Richard Gibralter, an ophthalmologist at Manhattan Eye, Ear and Throat Hospital in New York City. "These products contain vasoconstrictors [to make blood vessels contract] as well as preservatives, and overuse may diminish their effectiveness or cause sensitivities or both. If dry eyes are your problem, use a non-preserved lubricating drop."

Move of the Month

Improve your rear view with this butt toner from Courtney Barroll, senior trainer at Equinox Fitness Clubs in New York City. Lie on your stomach, cradling your head in your arms, with right leg extended and left knee bent 90 degrees, foot flexed. Raise left leg 3 to 6 inches off the floor, pushing up with your heel. Be sure to keep hips pressed to the floor, and be careful not to arch your back. Hold for 5 seconds, then release. Repeat 10 to 15 times and alternate 3 sets each side.

1

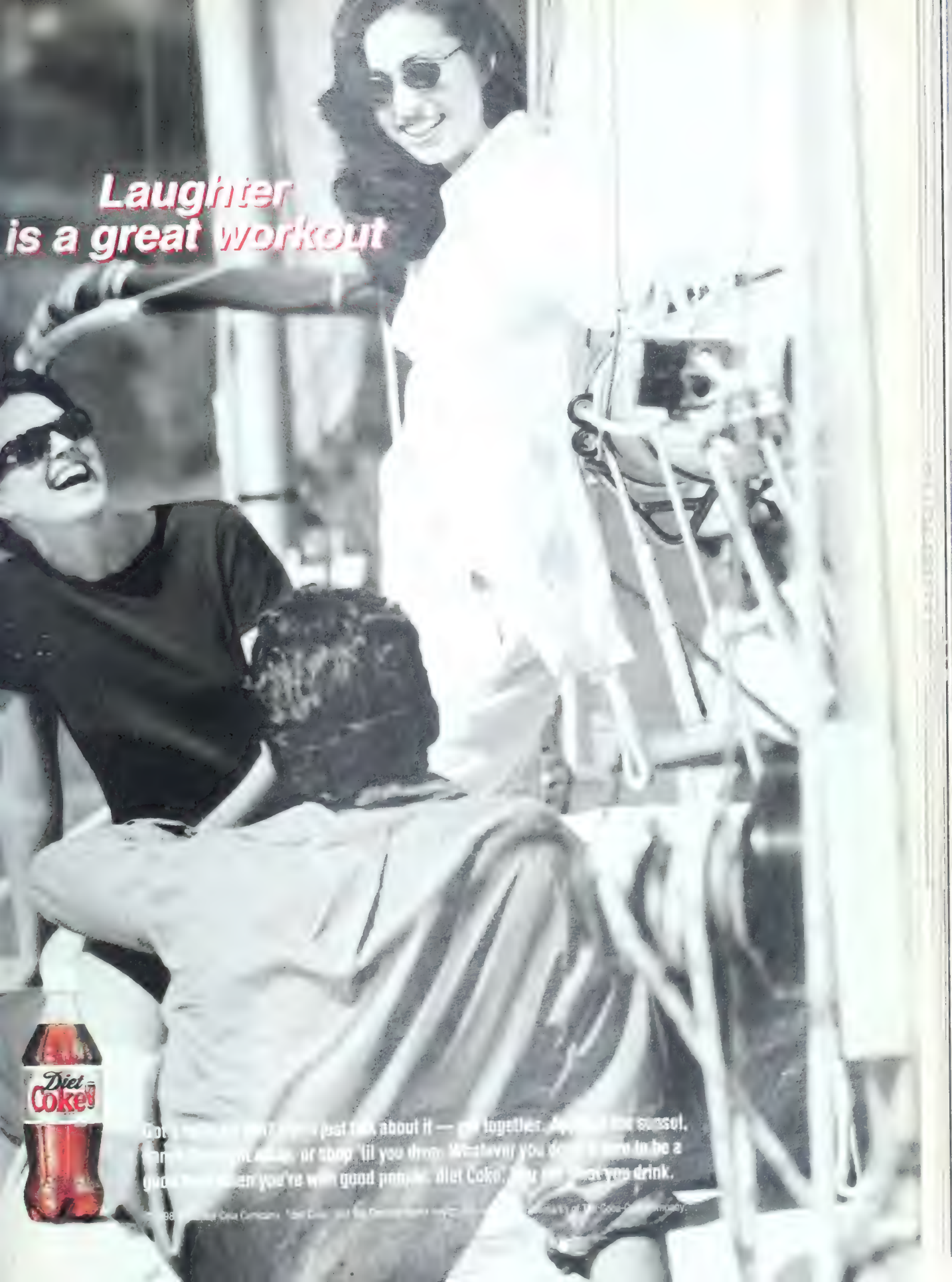


2



As you raise your flexed foot, imagine you are pushing the ceiling away. You'll really feel the burn in your butt

CONSULT YOUR DOCTOR BEFORE BEGINNING ANY EXERCISE PROGRAM


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is a great workout
Diet Coke


Melanie Griffith
Melanie is wearing Age Defying Makeup in Natural Beige,
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and Age Defying Eye Color in Ecru and Cedar. ©1998 Revlon

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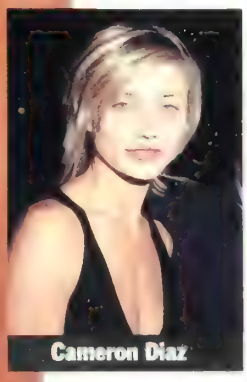
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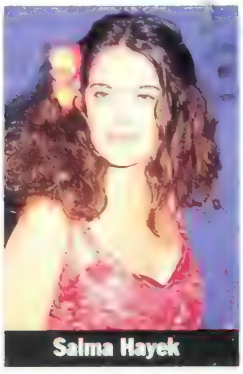


Nosediving Necklines

It is a truth universally acknowledged that plunging necklines are sexy—after all, a little *décolletage* can be quite an eyeful. But a top that dips low can also be extremely flattering, says stylist-to-the-stars Phillip Bloch, author of *Elements of Style* (Warner Books, 1998). "The right neckline frames your face, no matter how much you're willing to bare," he says. Super for spring: the new draped neckline (pictured left), but classic deep Vs look lovely yet.



Cameron Diaz



Salma Hayek



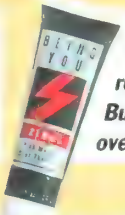
Ashley Judd

In The Mood



The newest aromatherapy trend? Products you can pack in your purse and use for a shot of calm anytime, anyplace. We asked four women to sample different new formulas. Here, their reports:

Clara: The lemony-menthol aroma of Crabtree & Evelyn's Pulse Point Balm did pick me up for a while. But the scent didn't last very long.



Thea: Sears Pick Me Up Spot Therapy had a refreshing, tingly smell. But the scent was a bit overpowering at first.

Lindsey: I loved the jasmine scent of Aveda's Euphoric Mist, but instead of upbeat, it made me feel tranquil.



Brooke: I tried Origins Sensory Therapy Slumber Party Airspray, which is supposed to induce sleep. So I sprayed it around my bed, and slept better than I had in a while.





CRASH COURSE

AT-HOME COLOR TIPS

The way to get salon results with an at-home hair-coloring kit? If you want to match or darken your haircolor, disregard the package instructions, says Beth Minardi of New York City's Minardi Salon. If the box tells you to apply color allover, don't—apply color to the roots, wait ten to fifteen minutes, then apply to the rest of the hair shaft (the ends of your hair absorb color more quickly). "You probably want to leave color on the ends for less than half the time the instructions suggest," says Minardi, who also cautions that trying this technique to lighten your hair will yield a phony-looking result.

TOP LEFT PHOTO BY PAUL CAMUSO. TOP RIGHT PHOTO, LEN DE LESSIO. SHIRT: CHALKLN AND CAPONI


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The Clear Choice

Frosted mocha? Raisin? Candy-apple red? Of all the delicious nail-color shades, which is our favorite? None of the above, says a new Sears Circle of Beauty survey—and not even close. A majority of men and women named "clear" their polish color of choice.

skin IQ

HOW SMART IS THE AVERAGE WOMAN ABOUT HER SKIN? We asked four volunteers to let our expert dermatologist, Debra Jaliman, M.D., examine them and peer into their medicine cabinets. Are the products they use religiously right for their skin type? And after reading this, what kind of marks do you think you would get?

	Denise Wirsing, 33	Carina Beylerian, 27	Julia Lachica, 29	Cassandra Newman, 37
skin type	Fair complexion, large pores, prone to breakouts	Fair complexion, oily to normal skin, blemish-prone, wrinkles on forehead	Medium complexion, tans easily, has blackheads on chin and acne scars on cheeks	Dark complexion, combination skin with oily T-zone
products				
grade	(C)	(C)	(B+)	(B)
dr.'s diagnosis	Obvious large pores are the priority problem here, so Denise should alternate a glycolic acid astringent with the complexion scrub she currently uses. Her deep cleanser is fine; the moisturizer is okay if she applies it only to very dry areas.	Carina is adding too much moisture to her skin, which is clogging her pores. She might try substituting a salicylic acid or benzoyl peroxide product for one of her moisturizing treatments to help clear her complexion.	Julia has been making wise skin-care choices. But because she has some sun damage and acne scarring from when she was younger, she should try to diminish these problems by adding a topical vitamin C serum to her routine.	Cassandra, who's black, has seborrheic keratoses, benign growths of unknown origin that make complexion uneven. To treat, she should add a topical vitamin C serum twice daily, and use noncomedogenic products, such as her soap.

PHOTO: PETER HARHOLDT/JUNE SHORE IMAGES; STILL LIFES: PETER ARNOLD

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"I Survived the Flood"

The disaster in Grand Forks destroyed my home and business. But I didn't let it break my spirit

By Linda Magness, as told to Robin Silverman

On Friday, April 18, 1997, a raging flood engulfed both Grand Forks, North Dakota, and its sister city, East Grand Forks, Minnesota. The Red River had swollen to over 54 feet from the spring melt after a turbulent, snowy winter. Despite dikes built by both cities and their combined 60,000-plus residents, the Red flooded both towns, destroying homes, businesses and schools, and forcing a total evacuation that lasted for weeks. The flood caused more than a billion dollars in damage, and that figure continues to rise. Miraculously, no lives were lost.

Linda Magness, forty-seven, and her husband, Mark, a retired Air Force lawyer, had moved to Grand Forks in 1995, so he could pursue a Ph.D. in English from the University of North Dakota. Their twin sons, Jason and Andy, were juniors at the University of Oklahoma. Linda owned Back Porch Antiques, the latest in a series of shops she had co-owned or run over the years.

Monday, April 14, 1997

My partner, Roxy, and I are almost ready to go to Minneapolis for an antiques-buying trip. I've rented a twenty-foot truck so we can bring back large items. Between working and making sandwiches at night for volunteers at the Red Cross canteen, I'm ready for a little fun. It feels like we've been living in a war zone. Everywhere you go, there are National Guardsmen wearing hip waders, though the dikes are holding and the streets are dry.

April 18

Roxy and I canceled the trip yesterday. The river is rising faster, and the National Weather Service keeps changing its crest predictions. I'm worried. Back Porch Antiques is less than fifty yards from the downtown dike.

Just to be on the safe side, I stored the expensive antiques in the rental truck. Then I bought a dozen little plastic trash cans to keep the legs of the display tables from getting wet.

Mark's volunteer dike patrol was canceled tonight because they said it was too dangerous. I reported to the Red Cross canteen, but they closed early because the volunteers have stopped sandbagging.

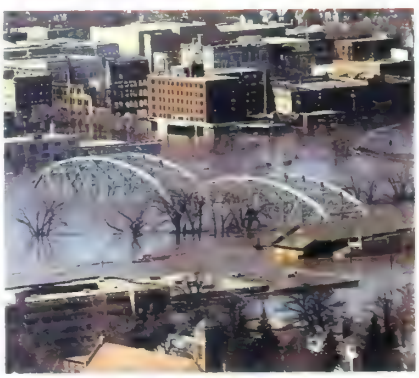
When I heard that, I rushed back to the store to pile sandbags by the front door and move some more things to higher ground. But after twenty minutes, a National Guardsman ordered me to get out because there was a weak spot in the dike.

April 19

This morning, one of our neighbors said the water was already up to 20th Street, just five blocks away. I thought she was kidding—we're three miles from the river—but we brought a couple of boxes up from our basement anyway.

By one o'clock, we were practically the only people left on our street. We quickly packed a bag and parked Mark's Subaru on the front lawn, which is a little higher than the garage. Why take two cars when this will all be over by Monday? We left the rental truck on a neighbor's lawn that was higher than ours. Then we headed toward the town of Bottineau in my van to stay with one of Mark's classmates.

That's when I finally *(continued)*



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understood the power of the flood. Just thirty minutes northwest of Grand Forks, we were surrounded by water that was nearly up to the van doors! If the engine had stalled, we could easily have been swept away.

We inched our way to the nearest town, Cavalier, where we heard more bad news. The Security Building downtown—just a few blocks from my store—was on fire, and there was no access to the hydrants.



Linda has now rebuilt her shop—and her life

On the way over to the shop, I saw debris piled on the streets—pieces of the lives of hundreds of people

The whole area could go! Then we learned that no one would be allowed back into Grand Forks for a couple of weeks. What's happening to our town?

We're going to visit Mark's parents in California until this is over.

April 20

Today we made our way to the Grand Forks Air Force Base, fifteen miles west of town—that and the airport are among the few places that haven't been closed off—to stay with a customer of mine who lives on the base until our flight leaves tomorrow. More than forty-five hundred evacuees are bunking in one of the hangars.

We've all been given tetanus shots. They say the river water is toxic, full of sewage, dead animal carcasses, petrochemicals from cars and appliances. What a mess.

Sunday, May 4

We just got back from California. I am stunned. Shocked. We saw some of the news footage on TV, but nothing could have prepared me for this. The flood filled our basement to the ceiling and rose nine inches on the main floor.

Our white carpet is black with slimy mud, the hardwood floors have buckled and the kitchen floors and cabinets are ruined. Most of the furniture will have to be refinished or thrown out. The Subaru is beyond repair. The rental truck with the antiques is intact, though. I should have packed it to the brim!

Because the hotels are filled with rescue workers and government officials, we're sleeping on mattresses in the office of the business Roxy's husband owns. I'm grateful to have a roof over our heads. We've heard that the University of North Dakota may open its dorms to victims, and if it does, we'll move there.

Jason arrives with his friend Sam tomorrow, and Andy and some other friends are coming up next week. And my parents will be here soon. This is too much to handle alone.

May 5

I had a very hard time today. Once the boys and Mark started mucking out the house, I had to see what happened to the shop. On the way over, I saw debris piled high on the streets—pieces of the lives of hundreds of people. I had to stop the car; I couldn't stop crying.

Back Porch Antiques was spared from the fire (which destroyed eleven buildings), but the damage is still worse than I ever expected. The main floor took in five feet of water. Those little wastebaskets I bought are full of water, and now the table legs inside are so swollen that we can't get them free. All that survived is some glassware and the items on the highest shelves. Two thirds of our inventory, about $100,000 worth, is lost. Worse, some of it isn't even ours. What will our consignors say?

After I got over the initial shock and disbelief, I got angry at myself for not being better prepared, angry at the water . . . and then the sadness came.

The worst news is that Roxy doesn't want to rebuild the shop. She has enough on her plate with her family and her husband's business. I understand how she feels, yet I'm still disappointed. I can't—and don't want to—do it alone. How do I begin again?

I went back to the house afterward, but I couldn't stop crying every time another box or bag of waterlogged stuff was carried out. Mark's record collection and barbershop-quartet sheet music are gone. My journals of the boys' childhoods are smeared beyond recognition, as are all of the love letters Mark wrote me. He held me and said, "I'll write you a new one every day." Fortunately, Jason's and Andy's things were in their second-floor bedroom.

I'm also heartbroken about losing some $58,000 worth of my own collectibles. We have flood insurance, but that covers only the house itself, not the contents.

Still, we're not going through this alone. We've been eating casseroles from the Red Cross trucks, which drive by several times a day. Every time I break down crying, family members and strangers are right there, saying something kind or offering a hand. I never thought we would need people this way.

Mark, Jason and Sam bought me flowers to *(continued on page 37)*



Wrinkles? Brown Spots? Roughness?

Ask Your Dermatologist About Renova, From The Makers Of Retin-A.

RENOVA WORKS.

Renova is unlike any other anti-aging or anti-wrinkle cream. It is a prescription cream that is proven to work.

Because Renova is a prescription wrinkle cream, you won't find it on any cosmetic shelf, you'll need to see your doctor. And while it won't work overnight, if you follow a total skin care program, it can work for you.

HOW RENOVA AND RETIN-A ARE THE SAME. AND DIFFERENT.

Renova is a rich emollient cream whose active ingredient is a vitamin A derivative like the one naturally occurring in your body. It's called Tretinoin. The same active ingredient in Retin-A.

But while Retin-A is formulated for acne-prone skin, Renova is a rich emollient cream developed to treat lines, wrinkles, brown spots, and surface roughness. Leaving your skin with a smoother texture and a rosier glow.

Renova works deep at the cellular level to increase collagen. That's how researchers believe Renova reduces signs of aging.

Like other prescription medications, Renova has been tested for safety and effectiveness. While it will not *repair* sun damaged skin or *reverse* the aging process, it *is* proven to *reduce* wrinkles, *fade* brown spots, and *smooth* roughness.

When you use Renova, you can expect to experience some redness, itching, or flaking. This is most often mild, and most common when treatment is started. Soon your skin will become softer and smoother, with a rosier glow. When using Renova, or any other anti-wrinkle cream, you should limit exposure to the sun and always use a sunscreen.

Renova is a dermal irritant. Results of use beyond 48 weeks have not been established in controlled clinical trials. Some people using Renova longer have shown evidence of atypical skin changes, the significance of which is unknown. Clinical trials in those over 50 or with moderately or heavily pigmented skin have not been conducted.

Call today for your FREE information kit and $10 savings.

1-800-64-RENOVA

Wrinkles and Fine Lines

Before



After



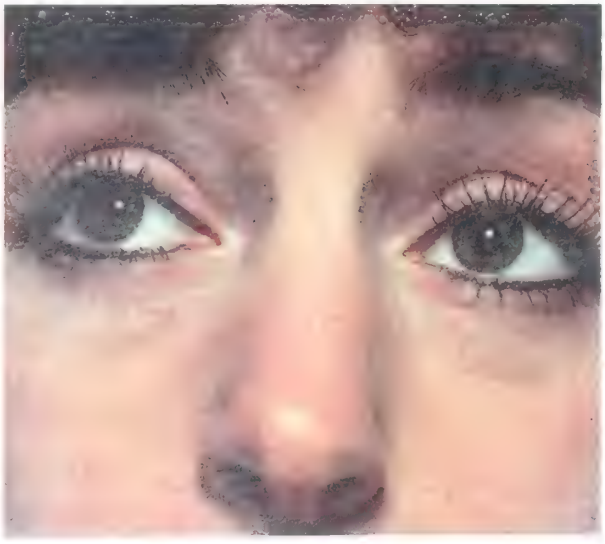
While no cream will completely eliminate wrinkles, Renova is the only prescription cream proven to reduce wrinkles and fine lines. Unlike over-the-counter wrinkle creams which simply exfoliate the surface layer of your skin, Renova works deep at the cellular level. That's why researchers believe Renova increases collagen to reduce signs of aging.

Brown Spots

Before



After



Renova is proven to reduce and fade brown spots. Brown spots will begin to fade and the fine lines around your eyes and mouth start to disappear after only 2 or 3 months.

RENOVA®

(tretinoin emollient cream) 0.05%



All before-and-after photographs are completely unretouched. Results are after 24 weeks treatment with Renova and a total skin care program, including sun protection. Individual results may vary.

RENOVA®

(TRETINOIN EMOLLIENT CREAM)

0.05%

FOR TOPICAL USE ON THE FACE ONLY

Brief Summary

[illegible] cream base

IMPORTANT NOTE: This information is a BRIEF SUMMARY of the complete prescribing information provided with the product and therefore should not be used as the basis for prescribing the product. This summary was prepared by deleting from the complete prescribing information certain text, tables, and references. The physician should be thoroughly familiar with the complete prescribing information before prescribing the product

INDICATIONS AND USAGE:

RENOVA (tretinoin emollient cream) 0.05% is indicated as an adjunctive agent (see second bullet point below) [illegible] in patients who do not achieve such palliation using comprehensive skin care and sun avoidance programs alone (see bullet point 3 for populations in which effectiveness has not been established) **RENOVA DOES NOT ELIMINATE WRINKLES, REPAIR SUN DAMAGED SKIN, REVERSE PHOTOAGING, or RESTORE A MORE YOUTHFUL or YOUNGER DERMAL HISTOLOGIC PATTERN.** Many patients achieve desired palliative effects on fine wrinkling, mottled hyperpigmentation, and tactile roughness of facial skin with the use of comprehensive skin care and sun avoidance programs including sunscreens, protective clothing, and emollient creams **NOT** containing tretinoin

- RENOVA has demonstrated NO MITIGATING EFFECT on significant signs of chronic sun exposure such as coarse or deep wrinkling, skin yellowing, lentigines, telangiectasia, skin laxity, keratinocytic atypia, melanocytic atypia, or dermal elastosis
- RENOVA should be used under medical supervision as an adjunct to a comprehensive skin care and sun avoidance program that includes the use of effective sunscreens (minimum SPF of 15) and protective clothing when desired results on fine wrinkles, mottled hyperpigmentation, and roughness of facial skin have not been achieved with a comprehensive skin care and sun avoidance program alone
- The effectiveness of RENOVA in the mitigation of fine wrinkles, mottled hyperpigmentation, and tactile roughness of facial skin has not been established in people greater than 50 years of age OR in people with moderately to heavily pigmented skin. In addition, patients with visible actinic keratoses and patients with a history of skin cancer were excluded from clinical trials of RENOVA. Thus the effectiveness and safety of RENOVA in these populations are not known at this time. (See **WARNINGS** section.)
- Neither the safety nor the effectiveness of RENOVA for the prevention or treatment of actinic keratoses or skin neoplasms has been established
- Neither the safety nor the efficacy of using RENOVA daily for greater than 48 weeks has been established, and daily use beyond 48 weeks has not been systematically and histologically investigated in adequate and well-controlled trials. (See **WARNINGS** section.)

CONTRAINDICATIONS:

[illegible] It should be discontinued if hypersensitivity to any of its ingredients is noted

WARNINGS

- RENOVA [illegible] and the results of continued [illegible] of the skin for greater than 48 weeks are not known. There is evidence of atypical changes in melanocytes and keratinocytes, and of increased dermal elastosis in some patients treated with RENOVA for longer than 48 weeks. The significance of these findings is unknown
- Safety and effectiveness of RENOVA in individuals with moderately or heavily pigmented skin have not been established

- [illegible] azides, tetracyclines, fluoroquinolones, phenothiazines, sulfonamides) because of the possibility of augmented phototoxicity
- Safety and effectiveness of RENOVA in individuals older than 50 years of age have not been established

This product should only be used under medical supervision as part of a comprehensive skin care and sun avoidance program. (See **INDICATIONS AND USAGE** section.) It should only be applied before retiring at night. Because of heightened burning susceptibility, exposure to sunlight (including sunlamps) should be avoided or minimized during use of RENOVA. Patients must be warned to use sunscreens (minimum SPF of 15) and protective clothing when using RENOVA. Patients with sunburn should be advised not to use RENOVA until fully recovered. Patients who may have considerable sun exposure due to their occupation and those patients with inherent sensitivity to sunlight should exercise particular caution when using RENOVA and assure that the precautions outlined in the Information for Patients subsection are observed.

RENOVA should be kept out of the eyes, mouth, angles of the nose, and mucous membranes. Topical use may cause severe local erythema, pruritus, burning, stinging, and peeling at the site of application. If the degree of local irritation warrants, patients should be directed to use less medication, decrease the frequency of application, discontinue use temporarily, or discontinue use altogether.

Tretinoin has been reported to cause severe irritation on eczematous skin and should be used only with utmost caution in patients with this condition.

Application of larger amounts of medication than recommended will not lead to more rapid or better results, and marked redness, peeling, or discomfort may occur.

PRECAUTIONS:

General: RENOVA should only be used as an adjunct to a comprehensive skin care and sun avoidance program (See **INDICATIONS AND USAGE** section.)

If a drug sensitivity, chemical irritation, or a systemic adverse reaction develops, use of RENOVA should be discontinued.

Weather extremes, such as wind or cold, may be more irritating to patients using RENOVA.

Information for Patients: A patient information leaflet has been prepared and is included with each package of RENOVA. In addition, patients should be instructed:

- That RENOVA is not a cosmetic preparation and should be applied only as an adjunct to a comprehensive skin care and sun avoidance program.
- Never to use more RENOVA than instructed and never use RENOVA more often than instructed as application of larger amounts of medication than recommended will not lead to more rapid or better results, and marked redness, peeling, or discomfort may occur.
- Only to apply RENOVA before retiring at night.
- To use a sunscreen with a minimum SPF of 15 during the day when being treated with RENOVA. Following discontinuation of RENOVA, continued avoidance of the sun and use of a sunscreen with a minimum SPF of 15 is recommended.
- To avoid direct sun exposure as much as possible whenever using RENOVA, and to avoid sunlamps totally while using RENOVA.
- NOT to use RENOVA if pregnant or attempting to become pregnant or at high risk of pregnancy.
- NOT to use RENOVA if sunburned or if the patient has eczema or other chronic skin condition(s).
- NOT to use RENOVA if also taking other drugs that increase sensitivity to sunlight.
- To use RENOVA with caution if also using other topical agents with a strong skin drying effect, products with high concentrations of alcohol, astringents, spices or lime, medicated soaps or shampoos, permanent wave solutions, electrolysis, hair depilatories or waxes, or other preparations or processes that might dry or irritate the skin, unless otherwise instructed by their health care practitioner.
- To discontinue use of RENOVA and consult their health care provider if sensitivity or increased chemical irritation occurs.
- That a majority of patients will lose most mitigating effects on fine wrinkles, mottled hyperpigmentation, and tactile roughness of facial skin with discontinuation of a comprehensive skin care and sun avoidance program including RENOVA, however, the safety and effectiveness of using RENOVA daily for greater than 48 weeks have not been established.
- That most of the improvement noted with RENOVA is seen during the first 24 weeks of therapy. Thereafter, therapy primarily maintained the improvement realized during the first 24 weeks.

Drug Interactions: Concomitant topical medications, medicated or abrasive soaps, shampoos, cleansers, cosmetics with a strong drying effect, products with high concentrations of alcohol, astringents, spices or lime, permanent wave solutions, electrolysis, hair depilatories or waxes, and products that may irritate the skin should be used with caution in patients being treated with RENOVA because they may increase irritation with RENOVA.

RENOVA should not be administered if the patient is also taking drugs known to be photosensitizers (e.g., azides, tetracyclines, fluoroquinolones, phenothiazines, sulfonamides) because of the possibility of augmented phototoxicity.

Carcinogenesis, Mutagenesis, Impairment of Fertility: In a life-time dermal study in CD-1 mice, at 100 and 200 times the average recommended human topical clinical dose, a few skin tumors in the female mice and liver tumors in male mice were observed. The biological significance of these findings is not clear because they occurred at doses that exceeded the dermal maximally tolerated dose (MTD) of tretinoin and because they were within the background natural occurrence rate for these tumors in this strain of mice. There was no evidence of carcinogenic potential when tretinoin was administered topically at a dose 5 times the average recommended human topical clinical dose. For purposes of comparisons of the animal exposure to human exposure, the "recommended human topical clinical dose" is defined as 500 mg of 0.05% RENOVA applied daily to a 50 kg person.

In a chronic, two-year bioassay of Vitamin A acid in mice performed by Tsubura and Yamamoto, generalized amyloid deposition was reported in all groups in the basal layer of the Vitamin A treated skin. In CD-1 mice, a similar study reported hyalinization at the treated skin sites and the incidence of this finding was 0/50, 3/50, 3/50, 2/50 in male mice and 1/50, 0/50, 4/50, and 2/50 in female mice from the vehicle control, 0.25 mg/kg, 0.5 mg/kg, and 1 mg/kg groups, respectively.

Studies in hairless albino mice suggest that tretinoin may enhance the tumorigenic potential of carcinogenic doses of UVB and UVA light from a solar simulator. In other studies, when lightly pigmented hairless mice treated with tretinoin were exposed to carcinogenic doses of UVB light, the incidence and rate of development of tumors were either reduced or no effect was seen. Due to significantly different experimental conditions, no simple comparison of these disparate data is possible at this time. Although the significance of these studies to humans is not clear, patients should minimize exposure to sun.

The mutagenic potential of tretinoin was evaluated in the Ames assay and in the *in vivo* mouse micronucleus assay, both of which were negative.

Dermal Segment I and III studies with RENOVA have not been performed in any species. In oral Segment I and Segment III studies in rats with tretinoin, decreased survival of neonates and growth retardation were observed at doses in excess of 2 mg/kg/day (>400 times the average recommended human topical clinical dose).

Pregnancy:

Teratogenic effects: Pregnancy Category C.

ORAL tretinoin has been shown to be teratogenic in rats, mice, rabbits, hamsters, and subhuman primates. It is teratogenic and fetotoxic in rats when given orally in doses 1000 times the average recommended human topical clinical dose. However, variations in teratogenic doses among various strains of rats have been reported. In the cynomolgus monkey, which, metabolically, is closer to humans for tretinoin than the other species examined, malformations were reported at doses of 10 mg/kg/day or greater, but none were observed at 5 mg/kg/day (10 times the average recommended human topical clinical dose), although increased skeletal variations were observed at all doses. A dose-related increased embryolethality and abortion was reported. Similar results have also been reported in pigtail macaques.

TOPICAL tretinoin in animal teratogenicity tests has generated equivocal results. There is evidence for teratogenicity (shortened or kinked tail) of topical tretinoin in Wistar rats at doses greater than 1 mg/kg/day (200 times the recommended human topical clinical dose). Anomalies (humerus: short 13%, bent 6%; os parietal incompletely ossified 14%) have also been reported when 10 mg/kg/day was dermally applied.

There are other reports in New Zealand White rabbits with doses of approximately 80 times the recommended human topical clinical dose of an increased incidence of domed head and hydrocephaly, typical of retinoid-induced fetal malformations in this species.

In contrast, several well-controlled animal studies have shown that dermally applied tretinoin was not teratogenic at doses of 100 and 200 times the recommended human topical clinical dose, in rats and rabbits, respectively.

With widespread use of any drug, a small number of birth defect reports associated temporally with the administration of the drug would be expected by chance alone. Thirty cases of temporally-associated congenital malformations have been reported during two decades of clinical use of another formulation of topical tretinoin (Rx A). Although no definite pattern of teratogenicity and no causal association has been established from these cases, 5 of the reports describe the rare birth defect category holoprosencephaly (defects associated with incomplete midline development of the forebrain). The significance of these spontaneous reports in terms of risk to the fetus is not known.

Non-teratogenic effects:

Dermal tretinoin has been shown to be fetotoxic in rabbits when administered in doses 100 times the recommended topical human clinical dose. Oral tretinoin has been shown to be fetotoxic in rats when administered in doses 500 times the recommended topical human clinical dose.

There are, however, no adequate and well-controlled studies in pregnant women. RENOVA should not be used during pregnancy.

Nursing Mothers: It is not known whether this drug is excreted in human milk. Because many drugs are excreted in human milk, caution should be exercised when RENOVA is administered to a nursing woman.

Pediatric Use: Safety and effectiveness in patients less than 18 years of age have not been established.

Geriatric Use: Safety and effectiveness in individuals older than 50 years of age have not been established.

ADVERSE REACTIONS:

(See **BOXED WARNING, WARNINGS,** and **PRECAUTIONS** sections.)

In double-blind, vehicle-controlled studies involving 179 patients who applied RENOVA to their face, adverse reactions associated with the use of RENOVA were limited primarily to the skin. During these trials, 4% of patients had to discontinue use of RENOVA because of adverse reactions. These discontinuations were due to skin irritation or related cutaneous adverse reactions.

Local reactions such as peeling, dry skin, burning, stinging, erythema, and pruritus were reported by almost all subjects during therapy with RENOVA. These signs and symptoms were usually of mild to moderate severity and generally occurred early in therapy. In most patients the dryness, peeling, and redness recurred after an initial (2-week) decline.

OVERDOSAGE:

Application of larger amounts of medication than recommended will not lead to more rapid or better results and marked redness, peeling, or discomfort may occur. Oral ingestion of the drug may lead to the same side effects as those associated with excessive oral intake of Vitamin A.

Caution: Federal law prohibits dispensing without prescription.

DERMATOLOGICAL DIVISION
ORTHO PHARMACEUTICAL CORPORATION
Raritan, New Jersey 08869

ORTHO

VOMAN TODAY

tinued from page 32

:orate the front porch. The card s signed, "From your flood studs."

ıe 1997

e insurance adjuster and the city pector tell us that our house is ›re than 50 percent damaged. We ı't rebuild it, but we can sell it to city as part of the flood buyout. lieved, we said yes. More than sev- hundred houses have been bought t, and dozens more must be razed make way for a new dike system ıt the Army Corps of Engineers ll design.

The day we heard about the buy- t, I went downtown with Monty hitney, who owned an antiques ›re across the street from mine, look for new retail space. Incred- y, we found two adjacent build- gs that aren't too badly damaged. ıe one I chose has a space in the .ck that I can turn into a tea- om, which has always been a eam of mine.

Even better, the shop has a two- :droom apartment upstairs! The :ederal Emergency Management gency (FEMA) will help with our nt temporarily.

Things are looking up: DeAnn Za- ›ral, one of my part-time workers, ked if she could be my new part- :r. We'll rebuild the shop together ıd call it The Red Geranium. I ›rrowed $20,000 from Mark's par- ıts, and she took out a bank loan r $10,000. Having the few things ıat survived in the truck will help as e begin restocking, and many of ur consignors have given us new ems to sell.

ıly 1997

feel a little more positive every ay. I like the fact that I'm creating a ıop, rather than rebuilding some- ıing that was lost. And every time I et tired and feel I can't go on, peo- le are there for me—they call, send :tters and come over to help.

Despite everything, Mark and I aven't fought or let the stress get to is. We're facing this together.

September 1997

DeAnn and I opened The Red Geranium on the 26th. The store was so packed, you could hardly move! So many people told me, "We need this place." I know what they mean Though the things I sell aren't necessities, people here want to buy something pretty to lift their spirits after all their losses.

December 1997

Someone tried to rob our house. My friend Deb and I drove over one day, and the burglars must have run out the front door while we were entering from the back. We didn't lose anything, but I still felt angry and violated. The police have promised to patrol the street more often.

January 1998

I'm exhausted from my eighty-hour weeks, but I'm also very happy. Not only are we profitable, but sales are up more than 50 percent over the same period at the Back Porch last year. I was even able to take my first paycheck last month instead of rolling the money back into the store.

The city paid us fair market value for our house, subtracting our insurance settlement. We have enough for a down payment on a new house when we can find time to look. In the meantime, we're living on Mark's retirement income and dipping into our mutual funds when necessary.

I consider us lucky. So many people are still struggling to rebuild their lives. But as a town, we're making good progress. As Mark says, Grand Forks is "fixing itself."

For me, the flood has been a blessing in many ways. I'm grateful for my wonderful, supportive family and the strangers who gave so generously of themselves. I've learned that it's important to be able to say, "I need some help," and to be there when people need you.

Grand Forks is a wonderful place to call home, and we never once considered moving away. We went through the worst, and we're sticking around to experience the city's rebirth. I'm a big one for hope. ●

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Greasy, grimy stain? That's O.K. RESOLVE® Carpet Cleaner with STAIN REPEL™ Protector will rise to the occasion to easily lift out greasy, oily stains. It even protects your carpet against future stains. So take away the worry. Take away the stain.



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CNN, The World's News Leader, and Ladies' Home Journal present up-to-the-minute facts and findings about the world today



Stress-Disease Link

Researchers have long suspected that stress can make it tougher for cancer patients to fight the disease. Now, a new study proves it.

Researchers at Ohio State University, in Columbus, studied stress levels in 116 women recently diagnosed with breast cancer. They found that those with high stress had significantly weaker immune systems. The stress actually impaired the ability of their disease-fighting cells to function, says lead researcher Barbara Andersen, Ph.D. She suggests a program of relaxation in which patients tense and release muscles, combined with moderate exercise and a healthy diet. The researchers are now studying whether such stress reduction can enhance immunity and possibly prevent recurrence.

—*CNN Medical News, Your Health*

Quote Of The Month

"Every parent I know is struggling with impossible situations every minute."—Helen Hunt, on *Showbiz Today*

A Banana A Day

If you're trying to lower your blood pressure, grab a banana. A recent study shows that potassium can significantly lower blood pressure.

In the study, researchers at the Harvard School of Public Health, in Boston, compared the effects of potassium, magnesium and calcium supplements on three hundred nurses with normal blood pressure. The magnesium and calcium supplements had no effect, but a modest 1,600 mg of potassium a day can reduce blood pressure by about two points, says lead researcher Frank M. Sacks, M.D. Other studies show that potassium packs even more punch for people who already have high blood pressure.

Sacks recommends aiming for 3,500 to 4,000 mg of potassium a day by eating plenty of fruits and vegetables. One baked potato has roughly 850 mg; a banana has about 450 mg. If you're having trouble reaching this, he says, you may consider taking a supplement.

—Elizabeth Cohen, *CNN*

Phone-Scam Alert



First there was phone slamming, when consumers' long-distance service was switched without authorization. Now, there's a similar scheme called cramming.

Cramming occurs when phone-service providers trick consumers into accepting optional services such as voice mail and paging by using sweepstakes offers and other gimmicks, says Jim Ryan, attorney general in Illinois. Once you've signed on the dotted line, you've agreed to be billed. The charges are then "crammed" onto your local phone bill and called "miscellaneous" or "enhanced services." They often go unnoticed for months, says Ryan.

Several states are asking local phone companies to make bills easier to read, so that extra charges can be quickly spotted. Consumers should always read the fine print on contest forms and carefully review their phone bills each month.

—Patty Davis, *Your Money*

Watch CNN's Your Health This Week for medical news (Saturday, 7:30 A.M. and Sunday, 3:30 P.M., E.T. and Your Money for personal finance (Saturday, 4:30 P.M. and Sunday, 7:30 A.M., E.T.).

Discover how carefree shaving can be with Agility.

New!

Introducing Gillette Agility

With its **contoured v-neck,** the Gillette Agility razor glides over your skin safely and steadily.

Feel how securely its **sculptured teardrop handle** fits in your hand for control.

And its unique **finger rest** guides you over those hard-to-shave places.



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Anne Graham Lotz (left) and Laura Schlessinger

Christians and Jews will celebrate high holy days on the same weekend this month. Although church and synagogue attendance is at its lowest point since 1940, other signs—the Promise Keepers, the plethora of religious TV shows, a best-seller by the Pope—suggest that we are in the grip of a spiritual revival, if not a return to traditional religion.

We invited Anne Graham Lotz, daughter of evangelist Billy Graham and herself a preacher and Bible scholar, and Dr. Laura Schlessinger, the superstar radio psychotherapist whose bruisingly honest advice reflects her Orthodox Judaism, to discuss what has made spirituality important to so many of us.

Are There Really ANGELS?

A popular radio shrink who's rediscovered her Judaism and a well-known Christian preacher tackle this and other spiritual issues. By Mary Mohler

LHJ: Were you religious from childhood or did you experience a conversion?

Dr. Laura: My father—a nice Jewish boy from Brooklyn—married a gorgeous Italian Roman Catholic woman, and between them, they brought me up with absolutely no religion. Zero. I was brought up with moral principles, but they weren't based on anything, so they were negotiable. Giving birth to my son was my first inkling of God. Then, when he was about five, he and I were watching television one rainy Saturday. Suddenly we're hearing Elizabeth Taylor's voice-over as they're showing actual footage of the Nazis lining up women with their babies, and mowing them down into a pit. My son says, "What is *this*? Who *are* they?" And I say, "Those are Nazi soldiers." And he says, "What are they doing?" And I say, "They're murdering Jews." He says, "What are Jews?" And I say, "Our people." He turns to me and says, "What are you talking about?" And at that moment I thought, It's time I claim my heritage. Because frankly, without religion, life has no meaning. It isn't about a search for pleasure or power; it's a search for meaning. People always think they're going to find themselves in what they're doing. But you don't find yourself in a *thing*, you find yourself in *(continued)*



Smooth,

satisfying taste

at ultra-low tar?

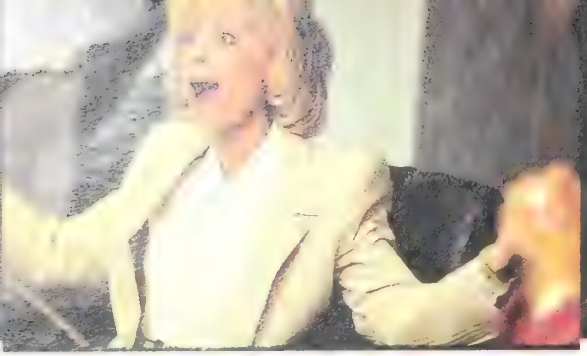
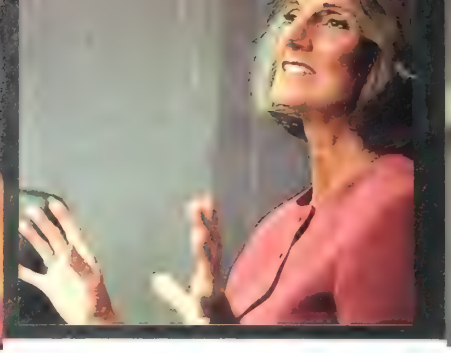
Here it is.

Yes!



You've got MERIT ULTRA LIGHTS

SURGEON GENERAL'S WARNING: Smoking By Pregnant Women May Result in Fetal Injury, Premature Birth, And Low Birth Weight.


(continued) the purpose for which you do the thing.

LHJ: Did you find it difficult, being a public persona already, to come out on the air as religious?

Dr. Laura: I was warned not to. Everybody said it would destroy my show. And anti-Semitism would come out of the woodwork. The irony is that my biggest supporters have been the Christian community. The president of a Bible college told me, "I just love your show, and I'm so glad you're Jewish. If you were Christian, you would be instantly discounted as a right-wing fundamentalist maniac."

LHJ: Anne, as Billy Graham's daughter, you surely had a religious upbringing. Was there a spiritual awakening as well?

Rev. Lotz: Yes. It's interesting that seeing the death of her people got Laura's attention, because what got mine was also a death. When I was seven or eight, I was watching an old black-and-white Cecil B. DeMille picture on TV, *The King of Kings*. In the scene where Christ was crucified, I began to cry. My mother recognized that, young as I was, I wasn't just feeling sorry for His death; I had a real conviction of my own sinfulness. So she prayed with me as I confessed my sins and asked Jesus to come into my life. At that moment I became a child of God.

LHJ: Is it ever difficult to stay on the path?

Dr. Laura: It is for me. I got really sick last year and lost my voice. And so I became angry with God. Sort of, How dare you? I'm supposed to be doing your work here, and you cut me off? I was storming around the kitchen, and my son came up and put his arms around me and said, "God speaks in mysterious ways." I thought he was being a smart aleck, but he went on, "And right now He's speaking through Daddy and me, who love you and are taking care of you so you'll get better." I stood there with my mouth open, and then I burst into tears. You can't feel God, you can't play cards with God, you can't go to the movies with God. But I got taught by my son that God is in his and his father's love for me.

Rev. Lotz: What I struggle with most is maintaining what the Old Testament writers describe as a walk with God. Just spending time, every day, by myself, reading Scripture, praying, talking with Him. That's the core of my life, the heartbeat, from which everything else stems. Yet it's amazing how that time can get snatched away.

LHJ: How would you advise someone who is just beginning the spiritual journey and doesn't feel that connection to God?

Dr. Laura: This is where you use the *as if* technique. I tell a couple who's having a hard time, "Behave as if you really love your spouse." Likewise, behave as if God is your friend. The more you behave as if you have that relationship—the more you pray, study, meditate—the closer you come to it. You can't just wait for a revelation.

Rev. Lotz: As Laura suggests, God works through ordinary, everyday situations, but the first step is to establish a personal relationship with God through Christ. Otherwise you will start your spiritual journey with the cart before the horse. The *as if* technique can take you to a certain point, but sometimes people know the right choice yet lack the power to deny their physical desires.

LHJ: Denial *is* what often comes to mind when people think of religion. *Thou shalt not.* They see it as something that keeps them from living.

Dr. Laura: When you accept the limits within which certain behaviors are appropriate, you're actually set free to *enjoy* life. For example, sex within the covenant of marriage: You don't have to worry about AIDS, about pregnancies out of wedlock, about whether the sex act truly meant anything to your partner. An adolescent mind sees limits as constraining; a more mature mind sees how they set you free.

Rev. Lotz: The rules of your faith are like the lane markings on a highway—the point is not to restrict you, but to enable you to drive without hitting somebody.

LHJ: Do you feel a sense of godliness as you go about your day?

Dr. Laura: It's a struggle. I talk about it on the air so listeners will understand it isn't a slam dunk.

Rev. Lotz: I know by faith that God is present in my life, but I also know that each day is a series of choices. You can choose to give in to your frustration, or you can be patient. Your will is like a muscle: Each time you make a right choice, it's a little bit stronger, and in time doing the right thing gets easier. Of course, then our choices get tougher and the temptations greater.

LHJ: Can you elaborate?

Rev. Lotz: There was a time when I felt I no longer loved my husband. What kept me in my marriage were those vows that I had said before God. Then something quite special happened: As I worked on my relationship with God, His love filled my life, and increasingly He replaced the love that I had lost for my husband with His love, which is much deeper, richer, more wonderful. So now it's not so much that *I* love my husband but that

Dr. Laura: "If there's an afterlife, I believe the righteous will be there. And I hope there's a tennis court"



God loves my husband through me. And this new love is unconditional. So many times your husband doesn't meet your needs or respond as you think he should. If your love is built on that, you can feel enormous frustration in trying to change him. I just had to learn to love my husband for who he is: a wonderful man.

Dr. Laura: I find it easier to resist temptation because religion gives me a frame of reference, where everything fits into place. This was a religious moment for me: We'd been observant for about a year when a tennis club invited my son to play in a Saturday tournament. I felt terrible for him. Then he said, "It would be okay if we hit some balls as a family, but to be out there competing, wanting to beat somebody else—that doesn't sound holy." The point is, he grasped it, he embraced it.

LHJ: Do you think that all roads lead to heaven whether you go to a synagogue or a mosque or church?

Dr. Laura: The Jewish tradition says: The righteous shall inherit God's kingdom. Period. So, if there is an afterlife, I believe the righteous will be there. And I hope there's a tennis court.

Rev. Lotz: I, too, believe that the righteous will inherit heaven, but not that all roads go there. Righteousness means to be right with God. We're *made* right with God through Christ. So I believe that all roads can lead you to the point that you find Christ. But the only way into heaven is through faith in Jesus Christ.

LHJ: What *about* heaven? What happens when you die?

Rev. Lotz: The Bible tells us that heaven is a place where there's no more suffering, no more pain. But the important fact to me is that it means living forever in the presence of God and Jesus Christ. And I believe that heaven will be a place of service, of responsibility. I don't believe we're going to be sitting around in a cloud playing a harp.

Dr. Laura: I have absolutely no concept of heaven. No clue. I take it on faith, which is some kind of miracle: I ordinarily don't jump off anything until I know what's there.

LHJ: What about hell?

Rev. Lotz: I would go back to the Bible, which says hell is a real place. There may be degrees of hell—you know, a different degree of punishment for a Hitler than for somebody who lived to the best of his ability but never knew the truth. I don't know about the degrees, and I'm glad it's not my decision. But I think people today are ignoring the fact that we have an eternal soul that will be in one place or the other, depending on the choices we make in life.

Dr. Laura: Who needs future reference? What are the killing fields of Cambodia? Stalin's Russia? The Holocaust? We create hell right here. To me, the point of a righteous individual is to stand between the innocent and evil.

LHJ: Why does the struggle between good and evil seem so weighted on the side of evil? Why does Hitler inspire greater passion in his followers than Mother Teresa?

Dr. Laura: It's like the hand that comes out of the grave at the end of the movie *Carrie*. The evil survives. We have an impulse that is persistently there. We never conquer it.

Rev. Lotz: Because of our human nature, it is more natural to sin. But that's the difference that God can make in your life. I cannot explain all the sin and all the evil in the world; I just know that God has sent a Savior who can redeem us from it.

LHJ: What about interfaith marriage?

Dr. Laura: I'm categorically against it. It's very important that a couple embrace one religion—it's part of the glue that holds the family together. I'm convinced that partners who share one religion have a lower divorce rate than those with two. Also, interfaith marriage makes religion seem like a choice on the level of where you're going to live, or haircolor.

Rev. Lotz: If two people can't agree on who God is, how can they agree on lesser issues? And if religion was not important enough to be a criterion in choosing a mate, how can you make it important to the children?

LHJ: What about new-age spirituality, the non-God approach to faith?

Dr. Laura: It's cheating. Remember Cliff Notes? You *think* you're educated. But you're not.

Rev. Lotz: I'd say it's a counterfeit. People are seeking something that makes them feel better; they're not really seeking the truth. I think if we really seek the truth, it will lead us to God.

LHJ: What are the toughest spiritual questions you've ever fielded?

Rev. Lotz: The questions we've been discussing—why do the innocent suffer and why evil seems to triumph over good. I don't think there's an answer. And, of course, all the complications of sin.

Dr. Laura: Yes, when people have dug the hole so deep that it's impossible to get out. Some of the things people do to each other make Sodom and Gomorrah look like Disneyland.

LHJ: Those are ugly situations, but they can be dismissed as bad behavior. What about when people say, "I have this moral dilemma. Help me"? *(continued on page 46)*


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ARE THERE REALLY ANGELS?

Continued from page 43

Dr. Laura: I'm constantly telling people, "This is the right thing to do, but it's going to hurt. You are going to humiliate yourself if you repair this in the moral way." I sometimes hang up after a call and pray I'll never have to suffer what they're going to have to suffer for doing the right thing.

Rev. Lotz: When you make the right moral choice, it can be painful, but you're not just patching something up—you're really straightening out your life. But other than the tough questions about evil and suffering, I believe the Bible has answers to just about all of life's problems.

Dr. Laura: People always think that their particular circumstance changes the commandment. "I know all about *Thou shalt not kill*, but just listen, and you'll see it's not relevant here."

LHJ: Is there any support for the idea of a guardian angel who is personally responsible for you alone?

Rev. Lotz: There are clearly angels in the Bible—stationed at the door of paradise, wrestling with Jacob, bringing visions to Ezekiel—though I have never seen or spoken to one. I wouldn't deny their existence, but what you're referring to is more a fad than anything—last year we had pet rocks, and this year we have angels.

Dr. Laura: It's the tooth fairy. It's easier than taking personal responsibility. "I guess my guardian angel didn't tell me not to make that left-hand turn." There's a real allure in being protected and feeling special.

LHJ: How do you tear kids away from the Nintendo and get them to go to synagogue or church?

Dr. Laura: You say, "Put you things away, we're going to syna gogue." This is not a democrac And when you come out of se vices, you talk about the sermon, ju like you talk about what happened school. And you *make* it interesting.

Rev. Lotz: I agree completely. Pa ents need to give children an appre ation of who God is, why they' going to church, some understandi of Scripture, and our place in t world today. If your child hates goi to church, look for a church that r lates more to young people.

LHJ: What spiritual practices ke you on track? Do you meditate, re Scripture, read religious writers?

Dr. Laura: Judaism makes this eas As an observant Jew, I have two ar a half million obligated behaviors prayers, plus candles and more praye and synagogue, and more prayers. am immersed; it's like being back the womb. And then I also read often five books at once—and co stantly think about my faith.

Rev. Lotz: I've mentioned my readi and prayers, but I also find it help to set aside a specific time early in t morning for prayer and meditation God's word. Otherwise, the phone g going and people interrupt.

LHJ: How would you answer som one who says, "I'm just too busy f all that"?

Rev. Lotz: I would say, "So am But you're never going to know G without it. You have to make time.

Dr. Laura: You can't take time make your life meaningful? Th your life *won't* be meaningful. ●

LHJ BOOK BAG

The Glorious Dawn of God's Story by Anne Graham Lotz is a journey of discovery through the Bible's book of Genesis. Familiar stories are explored to help readers understand their relevancy in today's world. The 300-page hardcover sells for $23.99, and the 2-cassette, 180-minute audio book sells for $19.99 (both by Word Publishing).

Dr. Laura Schlessinger's latest book, The Ten Commandments, will be published by HarperCollins in July 1998. This book explores the Bible's Ten Commandments and their application in modern life. This 288-page hardcover sells for $30. Reserve a cop by phone with MasterCard or Visa and you will not be charged until the book is available. Checks received by mail will be processed when received.

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Depression hurts.

Depression isn't just feeling down. It's a real illness with real causes. Depression can be triggered by stressful life events, like divorce or a death in the family. Or it can appear suddenly, for no apparent reason.

Some people think you can just will yourself out of a depression. That's not true. Many doctors believe that one thing that may cause depression is an imbalance of serotonin–a chemical in your body. If this happens, you may have trouble sleeping. Feel unusually sad or irritable. Find it hard to concentrate. Lose your appetite. Lack energy. Or have trouble feeling pleasure. These are some of the symptoms that can point to depression–especially if they last for more than a couple of weeks and if normal, everyday life feels like too much to handle.

To help fight depression, the medicine doctors now prescribe most often is Prozac.® Prozac isn't a "happy pill." It's not a tranquilizer. It won't turn you into a different person.

Some people do experience mild side effects, like upset stomach, headaches, difficulty sleeping, drowsiness, anxiety and nervousness. These tend to go away within a few weeks of starting treatment, and usually aren't serious enough to make most people stop taking it. However, if you are concerned about a side



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MAOI. Some cases presented with features resembling neuroleptic malignant syndrome.

Wait at least 14 days between discontinuing an MAOI and starting therapy with Prozac. Because of the long half-lives of fluoxetine and its active metabolite, wait at least 5 weeks (or longer if fluoxetine has been prescribed chronically and/or at higher than usual dosages) between discontinuing Prozac and starting therapy with an MAOI.

Warnings. *Rash and Possibly Allergic Events*— In US fluoxetine clinical trials, 7% of 10,782 patients developed various types of rashes and/or urticaria. Among the cases reported, a substantial proportion, in clinical trials, almost a third of these discontinued therapy because of rash and/or associated systemic signs or symptoms. Reported associations with rash were fever, leukocytosis, arthralgias, edema, carpal tunnel syndrome, respiratory distress, lymphadenopathy, proteinuria, and mild transaminase elevation. Most patients improved promptly upon discontinuation of fluoxetine and/or adjunctive treatment with antihistamines or steroids, and all were reported to recover completely.

Of 2 patients who developed a serious cutaneous systemic illness during premarketing clinical trials, 1 was considered to have a leukocytoclastic vasculitis, and the other, a severe desquamating syndrome considered variously to be a vasculitis or erythema multiforme. Other patients have had systemic syndromes suggestive of serum sickness.

Since the introduction of Prozac, systemic events possibly related to vasculitis have developed in patients with rash. Although these events are rare, they may be serious, involving the lung, kidney, or liver. Death has been reported to occur in association with these systemic events.

Anaphylactoid events, including bronchospasm, angioedema, and urticaria or combination have been reported.

Pulmonary events, including inflammatory processes of varying histopathology and/or fibrosis, have been reported rarely. These events have occurred with dyspnea as the only preceding symptom.

Whether these systemic events and rash have a common underlying cause or are due to different etiologies or pathogenic processes is not known. Upon the appearance of rash or of other possibly allergic phenomena for which an alternative etiology cannot be identified, Prozac should be discontinued.

Precautions: —*General*—The following events occurred in controlled clinical trials. See Tables 1 and 2 also.

- *Altered Appetite and Weight*—Significant weight loss may be an undesirable result of treatment. Weight change should be monitored during treatment.
- *Mania/Hypomania*—In all US Prozac clinical trials, reported by 0.7%
- *Seizures*—Introduce Prozac with care in patients with a history of seizures. In all US Prozac clinical trials, 0.2% of 10,782 patients reported convulsions.
- *Suicide*—Close supervision of high-risk patients should accompany initial drug therapy.
- *Long Elimination Half-Lives of Fluoxetine and Its Metabolites*—Because of the long elimination half-lives of the parent drug (1 to 3 days after acute administration and 4 to 6 days after chronic administration) and its major active metabolite (4 to 16 days after acute and chronic administration), changes in dose will not be fully reflected in plasma for several weeks, affecting both strategies for titration to final dose and withdrawal from treatment.
- *Use in Patients With Concomitant Illness*— Caution is advisable in patients with diseases or conditions that could affect metabolism or hemodynamic responses.
- *Interference With Cognitive and Motor Performance*—Patients should be cautioned about operating hazardous machinery, including automobiles, until they are reasonably certain that the drug does not affect them adversely.
- *Information for Patients*—Physicians should advise their patients to notify them if they:
  - are taking or plan to take any prescription or over-the-counter drugs or alcohol
  - become pregnant or intend to become pregnant during therapy
  - are breast feeding an infant
  - develop a rash or hives
- *Drug Interactions*
  - Drugs Metabolized by P450IID6—Therapy with medications that are predominantly metabolized by the P450IID6 system, especially those that have a relatively narrow, therapeutic index (eg, flecainide, vinblastine, and tricyclic antidepressants) should be initiated at the low end of the dosage range if a patient is receiving fluoxetine concurrently or has taken it in the previous 5 weeks. Alternately, the addition of fluoxetine to the treatment regimen of a patient already receiving a drug metabolized by P450IID6 may require a decreased dose of the original medication.

    Drugs Metabolized by Cytochrome P450IIIA4—Data indicate that fluoxetine's extent of inhibition of cytochrome P450IIIA4 activity is not likely to be of clinical significance.

    CNS Active Drugs—Caution is advised. Consideration should be given to using lower initial doses of the concomitantly administered drugs, using conservative titration schedules, and monitoring of clinical status.

    Anticonvulsants—Patients on stable doses of phenytoin and carbamazepine have developed elevated plasma anticonvulsant concentrations and clinical anticonvulsant toxicity.

    Antipsychotics—Some clinical data suggest a possible pharmacodynamic and/or pharmacokinetic interaction between SSRIs and antipsychotics.

    Benzodiazepines—The half-life of concurrently administered diazepam may be prolonged in some patients. Coadministration of alprazolam and fluoxetine has resulted in increased alprazolam plasma concentrations and in further psychomotor performance decrement due to increased alprazolam levels.

    Lithium—There have been reports of both increased and decreased lithium levels and lithium toxicity.

    Tryptophan—Five patients receiving tryptophan experienced adverse reactions, including agitation, restlessness, and gastrointestinal distress.

    Monoamine Oxidase Inhibitors—See Contraindications.

    Other Antidepressants—Previously stable plasma levels of imipramine and desipramine have increased greater than 2- to 10-fold when concomitantly administered with fluoxetine.

  - Drugs Tightly Bound to Plasma Proteins—A shift in plasma concentrations or displacement of fluoxetine may result in adverse effects.

    Warfarin—Reports of altered anti-coagulant effects, including increased bleeding. Careful coagulation monitoring is recommended when fluoxetine is initiated or stopped.

    Electroconvulsive Therapy—Rare reports of prolonged seizures in patients on fluoxetine receiving ECT.
- *Carcinogenesis, Mutagenesis, Impairment of Fertility*—There is no evidence of carcinogenicity, mutagenicity, or impairment of fertility with Prozac.

Pregnancy—Pregnancy Category C. There was no evidence of teratogenicity at doses of up to 1.5 and 3.6 times, respectively, the MRHD (maximum recommended human dose) of 80 mg on a mg/m² basis throughout organogenesis. In the surviving offspring of rats treated at 1.5 times the MRHD, there was no evidence of developmental neurotoxicity. However, in rat reproduction studies, an increase in stillborn pups, a decrease in pup weight, and an increase in pup deaths during the first 7 days postpartum occurred following maternal exposure to 1.5 or 0.9 times the MRHD on a mg/m² basis during gestation or gestation and lactation, respectively. Prozac should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

- *Labor and Delivery*—The effect of Prozac is unknown. Prozac should be used only if the potential benefit justifies the potential risk to the fetus.
- *Nursing Mothers*—Prozac is excreted in human milk. Nursing while on Prozac is not recommended.
- *Pediatric Use*—Safety and effectiveness in pediatric patients have not been established.
- *Usage in the Elderly*—Evaluation of patients over age 60 who received Prozac, 20 mg, daily revealed no unusual pattern of adverse events relative to the clinical experience in younger patients. However, these data are insufficient to rule out possible age-related differences during chronic use, particularly in elderly patients with concomitant systemic illnesses or those receiving concomitant drugs.
- *Hyponatremia*—Hyponatremia (some cases with serum Na lower than 110 mmol/L) has been reported which appeared to be reversible on drug discontinuation. Some cases were possibly due to SIADH, and the majority have been in older patients and those taking diuretics or who were otherwise volume depleted.
- *Platelet Function*—Rare reports of altered platelet function and/or abnormal results from laboratory studies in patients taking fluoxetine. While there have been reports of abnormal bleeding in several patients taking fluoxetine, it is unclear whether fluoxetine had a causative role.

Adverse Reactions: It is important to emphasize that events reported during therapy were not necessarily caused by it.

Incidence in US Placebo-Controlled Clinical Trials (excluding data from extensions of trials)—Table 1 enumerates pooled data on treatment-emergent adverse events that occurred in 2% or more patients treated with Prozac and with incidence greater than placebo in the treatment of depression, OCD, or bulimia. See full prescribing information for table of treatment-emergent adverse events for each indication.

Table 1

TREATMENT-EMERGENT ADVERSE EVENTS
INCIDENCE IN US DEPRESSION, OCD, AND BULIMIA
PLACEBO-CONTROLLED CLINICAL TRIALS

	Percentage of Patients Reporting Event	
	Depression, OCD, and bulimia combined	
Body System/ Adverse Event*	Prozac (N=2444)	Placebo (N=1331)
Body as a Whole		
Headache	21	[illegible]
Asthenia	12	6
Flu Syndrome	5	4
Fever		1
Cardiovascular System		
Vasodilatation	3	1
Palpitation		1
Digestive System		
Nausea	23	10
Diarrhea	12	8
Anorexia	11	3
Dry mouth	10	7
Dyspepsia	8	[illegible]
Flatulence	3	[illegible]
Vomiting	3	2
Metabolic and Nutritional disorders		
Weight loss	[illegible]	1
Nervous System		
Insomnia	20	11
Anxiety	13	9
Nervousness	13	[illegible]
Somnolence	13	6
Dizziness	10	7
Tremor	10	3
Libido decreased	4	
Respiratory System		
Pharyngitis		4
Yawn	3	
Skin and Appendages		
Sweating		3
Rash	[illegible]	3
Pruritus	3	[illegible]
Special Senses		
Abnormal vision	3	[illegible]

*Included are events reported by at least 2% of patients taking Prozac, except the following events, which had an incidence on placebo > Prozac (depression, OCD, and bulimia combined): abdominal pain, abnormal dreams, accidental injury, back pain, chest pain, constipation, cough increased, depression (includes suicidal thoughts), dysmenorrhea, gastrointestinal disorder, infection, myalgia, pain, paresthesia, rhinitis, sinusitis, thinking abnormal.
—Incidence less than 1%.



Associated With Discontinuation in US Placebo-Controlled Clinical Trials (excluding data from extensions of trials)—Table 2 lists the adverse events associated with discontinuation of Prozac treatment (incidence at least twice that for placebo and at least 1% for Prozac in clinical trials) in depression, OCD, and bulimia.

Other Events Observed In All US Clinical Trials—Frequent adverse events are defined as those occurring on 1 or more occasions in at least 1/100 patients; infrequent adverse events are those occurring in 1/100 to 1/1,000 patients; rare events are those occurring in less than 1/1,000 patients.

Table 2.

MOST COMMON ADVERSE EVENTS ASSOCIATED WITH DISCONTINUATION IN US DEPRESSION, OCD, AND BULIMIA PLACEBO-CONTROLLED CLINICAL TRIALS

Depression, OCD, and bulimia combined	Depression	OCD	Bulimia
[illegible]	[illegible]	Anxiety (2%)	[illegible]
Insomnia (1%)	Insomnia (1%)	[illegible]	Insomnia (2%)
[illegible]	Nausea (1%)	[illegible]	[illegible]
Nervousness (1%)	Nervousness (1%)	[illegible]	[illegible]
[illegible]	[illegible]	Rash (3%)	[illegible]

Body as a Whole—*Frequent*: chills. *Infrequent*: chills and fever, face edema, intentional overdose, malaise, pelvic pain, suicide attempt; *Rare*: abdomen syndrome acute, hypothermia, intentional injury, neuroleptic malignant syndrome, photosensitivity reaction.

Cardiovascular System—*Frequent*: hemorrhage, hypertension. *Infrequent*: angina pectoris, arrhythmia, congestive heart failure, hypotension, migraine, myocardial infarct, postural hypotension, syncope, tachycardia, vascular headache. *Rare*: atrial fibrillation, bradycardia, cerebral embolism, cerebral ischemia, cerebrovascular accident, extrasystoles, heart arrest, heart block, pallor, peripheral vascular disorder, phlebitis, shock, thrombophlebitis, thrombosis, vasospasm, ventricular arrhythmia, ventricular extrasystoles, ventricular fibrillation.

Digestive System—*Frequent*: increased appetite, nausea and vomiting. *Infrequent*: aphthous stomatitis, cholelithiasis, colitis, dysphagia, eructation, esophagitis, gastritis, gastroenteritis, glossitis, gum hemorrhage, hyperchlorhydria, increased salivation, liver function tests abnormal, melena, mouth ulceration, nausea/vomiting/diarrhea, stomach ulcer, stomatitis, thirst. *Rare*: biliary pain, bloody diarrhea, cholecystitis, duodenal ulcer, enteritis, esophageal ulcer, fecal incontinence, gastrointestinal hemorrhage, hematemesis, hemorrhage of colon, hepatitis, intestinal obstruction, liver fatty deposit, pancreatitis, peptic ulcer, rectal hemorrhage, salivary gland enlargement, stomach ulcer hemorrhage, tongue edema.

Endocrine System—*Infrequent*: hypothyroidism. *Rare*: diabetic acidosis, diabetes mellitus.

Hemic and Lymphatic System—*Infrequent*: anemia and ecchymosis; *Rare*: blood dyscrasia, hypochromic anemia, leukopenia, lymphedema, lymphocytosis, petechia, purpura, thrombocythemia, thrombocytopenia.

Metabolic and Nutritional—*Frequent*: weight gain. *Infrequent*: dyhydration, generalized edema, gout, hypercholesteremia, hyperlipemia, hypokalemia, peripheral edema. *Rare*: alcohol intolerance, alkaline phosphatase increased, creatine phosphokinase increased, hyperkalemia, hyperuricemia, hypocalcemia, iron deficiency anemia, SGPT increased.

Musculoskeletal System—*Infrequent*: arthritis, bone pain, bursitis, leg cramps, tenosynovitis. *Rare*: arthrosis, chondrodystrophy, myasthenia, myopathy, myositis, osteomyelitis, osteoporosis, rheumatoid arthritis.

Nervous System—*Frequent*: agitation, amnesia, confusion, emotional lability, sleep disorder. *Infrequent*: abnormal gait, acute brain syndrome, akathisia, apathy, ataxia, buccoglossal syndrome, CNS depression, CNS stimulation, depersonalization, euphoria, hallucinations, hostility, hyperkinesia, hypertonia, hypesthesia, incoordination, libido increased, myoclonus, neuralgia, neuropathy, neurosis, paranoid reaction, personality disorder,* psychosis, vertigo; *Rare*: abnormal electroencephalogram, antisocial reaction, circumoral paresthesia, coma, delusions, dysarthria, dystonia, extrapyramidal syndrome, foot drop, hyperesthesia, neuritis, paralysis, reflexes decreased, reflexes increased, stupor.

Respiratory System—*Infrequent*: asthma, epistaxis, hiccup, hyperventilation. *Rare*: apnea, atelectasis, cough decreased, emphysema, hemoptysis, hypoventilation, hypoxia, larynx edema, lung edema, pneumothorax, stridor.

Skin and Appendages—*Infrequent*: acne, alopecia, contact dermatitis, eczema, maculopapular rash, skin discoloration, skin ulcer, vesiculobullous rash; *Rare*: furunculosis, herpes zoster, hirsutism, petechial rash, psoriasis, purpuric rash, pustular rash, seborrhea.

Special Senses—*Frequent*: ear pain, taste perversion, tinnitus; *Infrequent*: conjunctivitis, dry eyes, mydriasis, photophobia. *Rare*: blepharitis, deafness, diplopia, exophthalmos, eye hemorrhage, glaucoma, hyperacusis, iritis, paroscleritis, strabismus, taste loss, visual field defect.

Urogenital System—*Frequency*: urinary frequency. *Infrequent*: abortion†, albuminuria, amenorrhea † anorgasmia, breast enlargement, breast pain, cystitis, dysuria, female lactation,† fibrocystic breast,† hematuria, leukorrhea, menorrhagia † metrorrhagia,† nocturia, polyuria, urinary incontinence, urinary retention, urinary urgency, vaginal hemorrhage†. *Rare*: breast engorgement, glycosuria, hypomenorrhea,† kidney pain, oliguria, priapism,† uterine hemorrhage,† uterine fibroids enlarged †.

*Personality disorder is the COSTART term for designating nonaggressive objectionable behavior.

†Adjusted for gender.

Postintroduction Reports—Voluntary reports of adverse events temporally associated with Prozac that have been received since market introduction are listed. It may have no causal relationship with the drug include the following: agranulocytosis, anemia, atrial fibrillation, cerebral vascular accident, cholestatic jaundice, confusion, dyskinesia (including, for example, a case of buccal-lingual-mastication syndrome with involuntary tongue protrusion reported to develop in a 77-year-old female after 5 weeks of fluoxetine therapy and which completely resolved over the next few months following drug discontinuation), eosinophilic pneumonia, epidermal necrolysis, erythema nodosum, exfoliative dermatitis, gynecomastia, heart arrest, hepatic failure/necrosis, hyperprolactinemia, immune-related hemolytic anemia, kidney failure, misuse/abuse, movement disorders developed in patients with risk factors including drugs associated with such events, worsening of preexisting movement disorders, neuroleptic malignant syndrome-like events, pancreatitis, pancytopenia, priapism, pulmonary embolism, QT prolongation, Stevens-Johnson syndrome, sudden unexpected death, suicidal ideation, thrombocytopenia, thrombocytopenic purpura, vaginal bleeding after withdrawal, and violent behaviors.

Overdosage: Prominent symptoms of overdose included nausea and vomiting, as well as agitation, restlessness, hypomania and other signs of CNS excitation.

In managing overdosage, consider the possibility of multiple drug involvement. A specific caution involves patients taking or recently having taken fluoxetine who might have ingested excessive quantities of a TCA. Accumulation of the parent tricyclic and an active metabolite may increase the possibility of clinically significant sequelae and extend the time needed for close medical observation. (*see* Antidepressants *under* Precautions)

Reports of death attributed to overdosage of fluoxetine alone have been extremely rare.

PV2472—DPP [0699]

Additional information available to the profession on request

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"I don't want the welfare stigma on me or my children any longer," says Tamiko, surrounded by her lively brood (from left, Christopher, 10, Kevin, 8, Marcus, 12, and Michael, 13). "I want them to see their mommy working"

From Welfare To Work ONE WOMAN'S STORY

Thanks to a unique program, this mother of four is bidding farewell to a lifetime of government assistance. By Michael J. Weiss

To the businessman contentedly sipping coffee in the restaurant of the Key Bridge Marriott, in Arlington, Virginia, the woman in the starched white tunic who led him to his table is just another veteran hostess. But Tamiko Mayo is new to the job—or any job. At thirty-two, Tamiko has spent most of her life on welfare, depending on government checks, food stamps and Medicaid to provide for her and her four sons. But in the wake of new welfare reform laws, Tamiko and some two million other Americans will be required over the next four years to give up government aid and enter the workforce.

In February 1997, Tamiko's caseworker told her about Pathways to Independence, an innovative training program launched in 1991 by Marriott International, Inc. So far, the program—which includes six weeks of unpaid on-the-job training, plus classes in coping skills on and off the job—has helped some nine hundred people in twenty cities make the move from welfare roll to payroll. Marriott splits the $5,000-per-trainee cost with a funding partner (either the government or a not-for-profit agency) and guarantees each graduate a job offer.

Going the extra mile for these graduates makes economic sense for Marriott. It initially costs more to train a Pathways student than to hire someone off the street, but graduates last two and a half times longer on the job. "It's a win-win situation," says Pathways director Janet Tully. "We're able to give people career opportunities, and we get trained workers."

Breaking the cycle

By the time Tamiko learned about Pathways, she was ready to put a lifetime of dependency behind her. Born to a fourteen-year-old mother, she grew up in a poor section of Washington, D.C., where most families were on public assistance. "I used to dream about living in an apartment, having a big family and owning a dog and a car," she says. "I never thought about how I'd get those things. I just figured I'd either have a job or get a welfare check like a lot of people I knew."

At sixteen, Tamiko dropped out of high school. She was working part-time in a cafeteria two years later when she became pregnant with Michael, now thirteen. Lacking health insurance, Tamiko turned to welfare. She and her boyfriend had two more sons; later, after he was killed in the [illegible]





Before the family moved to better quarters, home was this dilapidated apartment in the notorious Washington, D.C., housing project, Clifton Terrace





Training as a hostess in the restaurant of a Virginia Marriott hotel, Tamiko combined classroom study with on-the-job experience. "There's a lot to learn," she said, "but I never imagined it was going to be fun"



crossfire of a drug shootout, Tamiko had another son with someone else.

Over the years, Tamiko worked occasionally as a retail clerk, but "the companies went out of business, or it was a fast-food place that barely paid minimum wage," says Tamiko. She earned a G.E.D. and enrolled in a paralegal program at the University of the District of Columbia, but in late 1996, when the new welfare reforms prohibited her from going to school full-time, Tamiko returned to government aid.

Given her employment history, Tamiko wasn't sure she would even qualify for the Pathways program. There were fifty applicants for thirteen openings. Potential trainees must test clean of drugs and be highly motivated. "If someone says, 'My caseworker told me to come or I'd be thrown off welfare,'" says Amy Maguire, classroom coordinator, "we say, 'So long.'"

The interviewers were impressed by Tamiko's maturity. "I want my sons to understand that it's unacceptable not to be working," she told them. "I want to be a role model for them." When Marriott accepted her, she let out a whoop of joy. "I felt this was my big chance," Tamiko recalls.

A fresh start

It's spring 1997, the first day of class. Tamiko sits nervously, picking at her new knit pantsuit. Some of the trainees, men and women ranging in age from twenty to fifty, are struggling to stay off drugs and alcohol; others have lost their children to social welfare agencies. Several commute from homeless shelters. All, in Marriott's judgment, possess the determination to turn their lives around.

Maguire asks the class to share their dreams. Allen Hall, forty-four, wants to land a maintenance job. Rema Gibson, twenty-one, is tired of part-time warehouse work and hopes to find a full-time job in housekeeping. Most, however, have more modest goals—such as being able to show up for work on time.

Unlike some job programs that operate like boot camps, Pathways seems more like a college. One class focuses on replacing bad habits with positive behavior: getting six to eight hours of sleep every night, having dependable transportation to work, arranging backup child care. The ultimate aim, says senior program manager Ken Tully, is to get trainees thinking about long-term goals. "Many of these people are still living for today, not knowing where their next meal is coming from," he says. "We talk to them about the future—college for their kids, how to budget a paycheck. In the past, it was often gone in a day."

By the end of the first week, everyone has been assigned to a different department at the hotel. Tamiko is dispatched to Allie's American Grille Restaurant to train as a hostess and cashier.

"I love it," whispers Tamiko when she receives her trainee uniform—a white smock over black slacks, a gold pin engraved with her name. At the hostess station, Tamiko studies the restaurant floor plan, trying to memorize the servers' areas and the layout of the tables. Soon she is guiding customers past the hanging plants and dark wood tables to their seats.

"Don't worry," supervisor Adam Salama assures her. "You'll be fine."

"I hope so," she says.

Living in two worlds

Tamiko's responsibilities are basic: to greet and seat each customer promptly and politely. But she goes a step further, resolving to elicit a smile from every guest. When Tamiko helps close out the cash register, her *(continued on page 56)*


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Continued from page 52

tally always matches that of the chief cashier. By the third week of the program, she even welcomes the busiest periods, when she must choreograph the seating so all servers share equally in the customers—and their tips.

"I like the fact that there's always something to do," she muses at the end of a long day. Still, adjusting to the workday routine is not easy. Tamiko gets up at five-thirty and rushes to catch a six A.M. bus. Her single uniform must be washed and pressed each night. Unpaid except for her $533 monthly welfare check, she feels pangs of envy every Wednesday when the regular employees open their paychecks. And she struggles to balance her work and home life, making sure the kids eat and finish their homework. Housework is relegated to evenings; the laundry, to Sundays. On top of all that, Tamiko volunteers at a nearby Boys and Girls Club most evenings while her sons shoot hoops or study.

Every day, as she leaves her apartment in the run-down Clifton Terrace complex, a federally subsidized housing project in Columbia Heights, Tamiko passes groups of unemployed men and women hanging out. "Yes, there's drug selling," she says. "But I keep my family away from it."

Nevertheless, Tamiko worries about her sons. "They have friends whose mothers are on crack and whose fathers are on the streets," she says. "But my boys know I won't accept any nonsense." She sets limits on which blocks the boys can visit, and imposes a strict seven P.M. curfew on weeknights when they are not together at the Boys Club.

So far, her rules have paid off. The boys earn above-average grades in school, and Michael is thinking about college. Lately, the boys have been talking about what it would be like to stay at the hotel where their mother works. "I'd order a pizza from room service," says ten-year-old Christopher. The boys' collective dream is a house with a basement, an attic and a yard, but Christopher's personal desire is simply to get an allowance. "That would be the best thing about getting off welfare," he says quietly.

Service with a smile

With every passing week, Tamiko continues to progress, learning to clean the intricate cappuccino machine and to work the cash register alone. She maneuvers easily through the restaurant, picking up errant menus with brisk efficiency.

Tamiko also begins to relax and to chat with repeat customers. "She has a fire in her belly to succeed," says supervisor Salama, "and then there's that beautiful smile." In fact, the last thing that any departing customer sees is Tamiko's smile.

> On graduation day, Tamiko and her classmates shout, "Excel! Excel! Excel!"

Salama also notes the eager trainee's rapport with children. One afternoon, Tamiko seats a family she's gotten to know over a three-day stay, and their five-year-old falls out of her chair. Tamiko rushes over and hugs the little girl. "I used to fall out of chairs all the time," she says. As the family leaves, the youngster promises to mail Tamiko a drawing.

Waiting to excel

Six weeks after the training began, all thirteen trainees attend the graduation ceremony (a better completion rate than Pathways' usual 90 percent). There are smiles and tears, along with speeches, a steak banquet and certificates of recognition. When it's Tamiko's turn at the podium, she leads her classmates in a poem they composed after class one day. Together, they shout the final words: "Excel! Excel! Excel!"

After graduation, Maguire phones the human-resources departments of several hotels, pitching her trainees. Within a week, eight have full-time jobs. Allen Hall begins working in Key Bridge's maintenance department. Rema Gibson becomes a housekeeper at the nearby Loews L'Enfant Plaza Hotel and talks of one day going into management.

But Tamiko is still waiting: Allie's has no openings. She interviews for a concierge position at another Marriott, but walks out feeling glum; the job calls for experience and a host of skills she doesn't have. Then another roadblock: HUD reclaims her apartment building from its owners, encouraging tenants to move. Armed with a list of federally subsidized properties in the area, Tamiko spends the next few weeks house-hunting, eventually finding a terrific place in suburban Maryland—a three-bedroom town house with wall-to-wall carpeting and a playground next door. The cost to her is $112 a month.

More good fortune follows. On a tip from Amy Maguire, Tamiko answers an ad for a restaurant hostess and server at a Courtyard by Marriott, only a ten-minute bus ride from her new home. A job offer follows.

Today, one year after starting the Pathways program, Tamiko Mayo is firmly among the ranks of the American workforce. At The Courtyard Café in New Carrollton, Maryland, she works the five P.M. to eleven P.M. shift, greeting diners, serving meals and working the cash register, just as she was taught. Her hours are difficult—she relies on Michael to serve dinner and get the other boys to bed—and the $6.45-an-hour pay is not great by any standard, but Tamiko recently got a raise and is training to work at the front desk.

"I have a job, the kids go to a nice school and we live in a house," Tamiko says, marveling at her new life. "It's cool to feel normal." ●

Michael J. Weiss is a contributing editor to Ladies' Home Journal.



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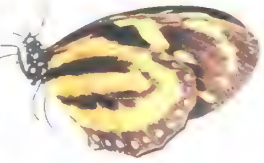
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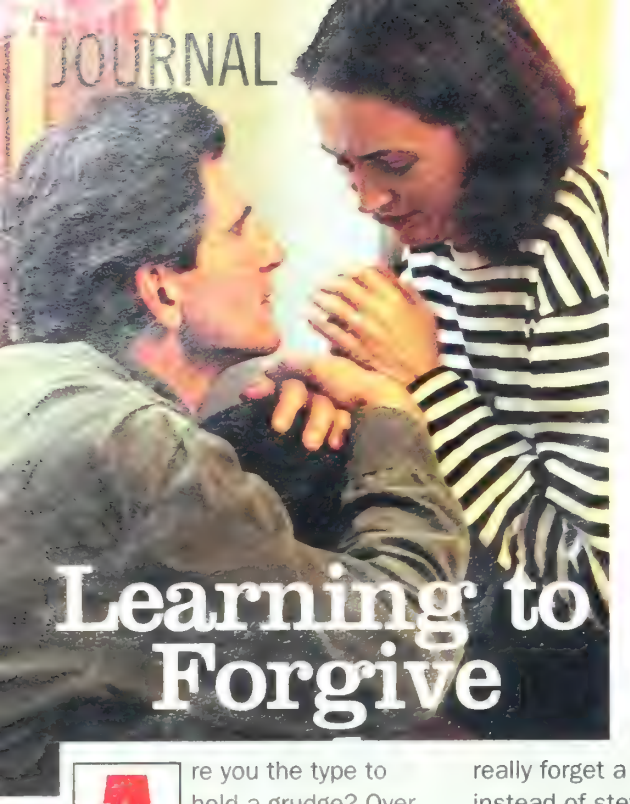


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Learning to Forgive

Are you the type to hold a grudge? Over time, reacting this way, particularly to little injustices, can rob you of your peace of mind. Forgiveness forces us to stop playing the victim, says Robert D. Enright, Ph.D., professor of educational psychology at the University of Wisconsin–Madison, and start letting go of past wrongs. Here's how to practice it in your everyday life:

Forget "forgive and forget." It just doesn't work, says Enright—many people never really forget a wrong. But instead of stewing about it or taking your hurt out on others, try to accept that you've been hurt, then do your best to bear your frustration.

Recognize that forgiveness is an empowering choice. When you make a conscious decision to forgive someone, you are the one who chooses the outcome of the relationship.

Give it time. Forgiveness won't make everything better right away. But it is the crucial first step toward rebuilding a relationship that has been damaged.

—Arricca Elin SanSone

A CHAT ROOM OF THEIR OWN

Who better to lend emotional support to a seriously ill and disabled child than another such child? That's the premise behind two recent technologies designed to ward off the loneliness and stress that often accompany chronic sickness. Starbright World (*www.starbright.org*), a networking software created by Steven Spielberg and The Starbright Foundation, enables bedridden patients at eleven participating hospitals across the country to link up to this virtual playground—complete with 3-D environments, E-mail and video-conferencing capabilities. Apple Computer's Convomania Web site (*www.mania.apple.com*), which includes a chat room, yearbook and an exhibit gallery for drawings, was launched a year ago. Since then, some 2,500 kids have logged on to swap advice, share artwork and vent about hospital food, pain control and other aspects of their special circumstances.

—Aimee Kendall

Raising A Reader

Reading aloud to your kids is one way to foster a love of books, but there are more creative ways to introduce them to the wonder of words than settling down with a bedtime story each evening. Try these ideas from Kathy A. Zahler, author of *50 Simple Things You Can Do to Raise a Child Who Loves to Read* (Arco, 1997):



MAKE READING COME ALIVE. Was your child intrigued by the elephants at the zoo, or by an exhibit at the science museum? Then find related books that feed his or her curiosity.

MAKE READING ENTERTAINING. Watch for scheduled readings by children's authors at local bookstores, and take your child. Also show your kids that sharing what *they* read can be fun. Have your daughter choose a scene from a play or book, then act it out together; encourage her to read a funny comic strip aloud.

MAKE READING ACCESSIBLE. Establish a cozy place for reading in your home, and reward good deeds with books, comics or magazines instead of candy or money. Also, give your child a subscription to a magazine edited for kids—there are many terrific ones.

—A.E.S.

PICK OF THE LITTER

Convinced Mom loved you best? According to a study conducted by Cornell and Louisiana State universities, you have lots of company—most adults with siblings believe themselves to have been their mother's favorite. But the heart, it's apparent, works in mysterious ways. The study also found that 59 percent of the time, study subjects were wrong.

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My Mother-In-Law And Me



The author and her late mother-in-law, Dora

Forget the stereotypes. These six daughters-in-law genuinely *like* the "other woman" in their men's lives

By Susan Dworkin

Mother-in-law jokes are as American as Paul Bunyan. Milton Berle has more than a dozen in his humor encyclopedia, sandwiched between "Mother's Day" and "Mouth." (Example: "I bought my mother-in-law a nice new chair, but she won't let me plug it in.") My husband—who happens to be crazy about his mother-in-law—recently heard this variation: Two mothers each want a prosperous young man to marry her daughter. A Solomon-like judge suggests that they cut him in half. The first woman agrees. The second cries, "No! Don't harm the poor boy!" The judge awards the young man to the first woman because—here comes the punchline—"she's the *real* mother-in-law."

There are doubtless some "real" mothers-in-law out there—mean-spirited, critical and combative, determined to take over your life. But in an era when most women work, such power mongering is largely a relic. (These days, who has time to run somebody else's life?) Still, the stereotypes persist. When you hear how the following women have overcome them, the question you'll ask is not "How do they do it?" but "Why don't we all?"

Partners in Mourning

Cindy Miller and her husband, Craig, got married right out of Baylor University, in Waco, Texas, where he earned a master's degree in accounting and she obtained a teaching degree. Not long after their wedding, Craig decided to abandon accounting and join the police force. "He saw me making a difference in young people's lives," Cindy recalls, "and he wanted to do the same." Craig had been a uniformed cop for about three months when his patrol car collided head-on with an eighteen-wheeler. He was killed instantly. Both he and Cindy were twenty-six years old.



Cindy was devastated, and so was Craig's mother, Cynthia Hanking. The two had always been friendly, but now, they grew closer than ever. "If I had gone out of her life," says Cindy, "it would have been like another death."

The two grieving women spent a year going to memorial meetings together. At the annual Police Memorial in Washington, D.C., President Clinton presided over a gathering of the heartbroken families of fallen officers. "It was so painful," Cindy recalls. "The wound opened every time we heard 'Taps.'"

Cindy and Cynthia had one serious disagreement, right after the funeral. A hysterical Cindy declared that she was going to order a double headstone so she could be buried next to Craig. Her mother-in-law objected. "You don't know where you're going to end up," she said.

Wise words, as it turned out, because Cindy did in fact fall in love again. "I avoided telling Craig's parents," she says. "Finally, I went over to their house and blurted out that I was getting married. I knew what Cynthia had to be *(continued)*


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feeling right then. But she never uttered a harsh word."

Cindy was afraid that Cynthia would disappear from her life. Instead, she called a few weeks later and asked to get together with Cindy and her fiancé. "Cynthia has accepted my new husband as another son," Cindy says. "She knows that Craig will never be forgotten, because we named our first baby after him. I will always be grateful to her for being such a loving friend."

The Stepmom-in-law



When Debbie and Ken Tracht of Teaneck, New Jersey, were dating, a friend of his stepmother told Debbie, "Phyllis has never lost a friend. Never." Debbie didn't think much about the remark at the time, but it would prove to be a powerful insight.

Ken's mother died when he was eleven years old. When his father married Phyllis—herself a widow with adolescent kids—it was no "Brady Bunch" holiday. It was five vulnerable teenagers squashed together into a new family. "It couldn't have been easy," says Debbie, forty-one. "There was a lot of acting out. But Phyllis is loyal and determined. She and Ken's father worked like crazy to forge their kids into a family."

Shortly after Debbie and Ken met, Ken's father died. "It could have been over for Phyllis right then," Debbie points out. "But there was no question in her mind that she would continue to relate to her stepsons as a mother. When Ken and I got married, she walked him down the aisle." Furthermore, Phyllis makes no distinction between her stepsons' children and her natural grandchildren. "Ask my daughter where she got her blond hair," Debbie says, laughing, "and she'll say, 'From Grandma Phyllis.' "

Even so, when Ken's uncle—his natural mother's brother—paid a visit, it did not occur to Debbie to invite Phyllis to the get-together with Ken's two natural brothers and their families. "What a mistake!" Debbie exclaims. "She was very hurt. I asked her, 'What are these people to you?' She said, 'We have a relationship! They are part of my life!' "

It was, admits Debbie, "a learning argument. It helped me see that Phyllis was wonderful not merely because she cared about Ken and me and our kids, but because she cared about *all* her connections."

The Love of Children

Lauren Wagner, thirty-four, of Spring Grove, Illinois, already had two children, aged one and five, when she fell in love with her husband, Tim, and became pregnant. Tim's mother was not pleased.

"It was a lot for my mother-in-law, Virginia, to absorb," says Lauren, "that her son was involved with a woman who was pregnant and already had a ready-made family."

But Lauren balked at marriage. "I was afraid Tim and I would get married because of the baby and then two months later we'd hate each other. I was perfectly prepared to raise this child on my own."

First, Tim broke down Lauren's resistance; then he broke down his mother's. "He told her," says Lauren, " 'I'm in love with this woman. I want to marry her and have a family with her, and that's it.' "

There were a few days of silence between mother and son. "And then it was over," Lauren says. "The tension just sort of melted away."



The key to Virginia's change of heart? "She saw how devoted we were," Lauren says. "My other kids helped. Virginia *loves* children. Just being around them makes her happy."

Perhaps the ultimate symbol of Virginia's acceptance was her wedding gift to Lauren and Tim: a double stroller, for the new baby and the toddler Lauren already had. Says Lauren, "We've had a marvelous relationship ever since."

A Shared Nightmare

Ten years ago, Chrissie Nixon, now thirty-seven, of Westlake, Louisiana, married the wrong man. He was an inveterate abuser who had been in trouble with the police. One summer day, he hid in her trailer waiting for her to come home, then stabbed her in the back as her teenage son watched. Chrissie,



whose lungs were punctured, nearly died. The court rejected her husband's insanity plea; he was sentenced to forty-five years in prison.

After months of healing and rehabilitation, Chrissie crept back to a semblance of her old life. She got a job, started seeing friends, tried to reassure her kids that they were safe. Eventually, she met Fred, a kind, easygoing guy.

Marriage to Fred has brought peace and comfort from an unexpected source: his mother. Phyllis Coddington had survived an emotionally abusive marriage herself, to Fred's father, and understood how it felt to wait in terror that her husband would come home drunk and spoiling for a fight. She remembered exactly how worthless she felt when he screamed insults at her and knew the strange mix of relief *(continued)*

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MY MOTHER-IN-LAW AND ME

Continued

and regret when he died. She had married again, but her second husband died, too. Widowed and alone, she moved in with Fred and Chrissie.

One night, Chrissie woke in a cold sweat, breathless with fear. Memories of the attack, which she had tried to repress, had rolled out of her dreams. She staggered out of bed and into the kitchen. And there was Phyllis, ready to hold and comfort her. "To find someone a generation older than me, who went through the same thing, who can actually relate to my life and understand how I feel, has been a real gift for me," Chrissie says. "Phyllis has been living with us for two years now. She'll take one look at me and know something's the matter. 'I had a bad dream,' I'll say. And she understands."

The Divorced Mother-in-Law

"Technically, Lucille Epperson Edwards is my former mother-in-law," says Laura Kendall, forty-one, "but my feelings for her have never changed. From the time I met her, when I was fifteen, she has been wonderful, first as a mother-in-law, then as a grandmother."

After ten years and one daughter, Laura and Lucille's son Robert decided to divorce. "At first she



thought it was just a little argument or something," Laura says. "Finally, Robert had to confront her and say, 'Mom, it's over.'"

There were no recriminations between the two women, but Lucille suddenly felt unsure of her ground.

"Shortly after we separated," Laura recalls, "Lucille asked if it would be okay to buy some clothes for my daughter, Kristin. I was shocked. It suddenly dawned on me that I needed to assure Lucille that, despite the divorce, she would always be Kristin's grandmother and that between her and me, there had been no divorce."

Clearly relieved, Lucille reverted to her old giving self. When Laura remarried, she treated Laura's new husband like family. When Laura's son, Tyler, was born four years ago, she made sure there were gifts for him to open at her house on Christmas.

Yes, *her* house. "We always have Christmas-morning brunch at Lucille's," Laura says. "All her kids and *their* husbands and wives and kids and even the exes and their kids are there. My ex is there with his new wife and her daughter and of course our daughter, Kristin, and my husband and our son." Laura pauses, then laughs. "Lucille is so kind that people put aside their differences because they don't want to upset her.

he has a small house—but a very ig dining-room table."

rossover Moment

here is for most of us a moment hen the relationship with our nother-in-law goes from being cor- ial, in which both parties behave emselves, to one of trust and mu- ial support. For me, that moment ame after years of niggling petty nsions and conflicts. My mother-in- w, Dora, was an immigrant with a ntimental attachment to Europe. I as a born-and-bred American. (My randmother had been an immi- rant, but of the sort who couldn't ut "the old country" behind her fast nough.) Dora had settled in Detroit. was one of those New Yorkers who nought America started at the East iver and then registered as empty pace until it hit Los Angeles.

Dora came from a family of teach- rs. She thought most businesspeople ere crooks. My family was in busi- ess. When, early in our marriage, ıy husband abandoned his academic aspirations to start his own company, Dora wept real tears and begged me to turn him back from this path to perdition. "But this is what he wants," I said.

"No, this is what *you* want," she replied bitterly. Nothing would convince her that it was not *my* ambition that had turned him from the life *she* had always wanted for him.

Over the years, however, I developed a laissez-faire attitude toward Dora. Basically, this meant that if humanly possible, I said, "Yes. Whatever you want. Fine." And she did the same. We avoided fights, tried to look on the bright side.

One holiday season she had to go shopping for an outfit for a big shindig. I went along as driver and adviser, never intending to advise; I just planned to say, "Yes, that's beautiful."

Dora came out of the dressing room wearing a heavy-shouldered green suit that made her look like a cross between a military policeman and Kermit the Frog. "I love this," she said. "What do you think?" And something about the years we had between us, the meals we had served together and the man and the kids we both loved made me take a chance and say, "Mother, it's a catastrophe. Don't buy it."

She frowned, her eyes narrow. I knew she thought I was being a snooty New Yorker, claiming superiority in matters of style. For an eternal moment, I waited for her to react. "Okay, Susie," she said, whipping off the suit. "Find me something *you* like."

And I did—a navy dress with white piping on the long lapels and a soft, easy skirt. When people complimented her, Dora told them with pride, "My daughter-in-law helped me pick it out. She has wonderful taste."

I had crossed over from telling Dora polite lies to trusting her with my true feelings. From that moment on, we were friends. •

Susan Dworkin is the author of the novel "The Book of Candy" (Four Walls Eight Windows, 1996).





Pocket Protector

In an emergency, the more medical information you can provide, the better. But what if you're unconscious, or just so upset you forget something important? Protect yourself by keeping a medical-information card in your wallet—the first place a rescuer will look.

"Doctors can treat you better, and you'll avoid potentially deadly drug interactions," says Ronald Charles, M.D., assistant professor of emergency medicine at the University of Texas Southwestern Medical Center at Dallas.

To make the card, mark a blank, wallet-sized piece of paper "Medical History." Then print or type your name, age, address, phone and Social Security numbers. Next, print the name and number of an emergency contact (someone who could provide details about your health history), the name and number of your primary-care physician and your blood type. Include any chronic illnesses, allergies, the name and dosage of medications you take and whether you wear contact lenses or a dental prosthesis. —Isadora Fox

SHRINKING FEES

If the winter blues still have you down, take heart: A therapy session is more likely to be covered by your health insurance this year. The Mental Health Parity Act, which took effect January 1, requires that group health policies have the same annual and lifetime caps for mental-health services as for medical care. (In the past, mental-health caps were usually much lower.) But watch for loopholes: There are several ways an insurance company could keep your costs high, such as by giving you a more sizable co-payment on mental-health claims, according to the American Psychological Association. While just a few states already have laws to prevent insurers from taking advantage this way, this federal law is a first step toward better coverage everywhere. It will especially help the sickest patients who in the past tended to reach their caps.

Doctor Or Drugstore?

As more prescription drugs are introduced in over-the-counter (OTC) versions, it's easier than ever to self-medicate. Some drugs that were previously prescription-only are now exclusively OTC. But for others, both R_x and OTC versions are available. Which do you need? OTCs, though generally cheaper, obviously will not work if your self-diagnosis is off the mark. Read the package, says Rich Donjon, R.Ph., director of pharmacy services at St. Mary's Hospital, in Centralia, Illinois. If your symptoms aren't listed, see your doctor. —Megan McMorris



PROBLEM	PRESCRIPTION	OVER-THE-COUNTER	THE DIFFERENCE	APPROPRIATE OTC USE
Heartburn and indigestion	Zantac Tagamet Pepcid Axid	Zantac-75 Tagamet-HB Pepcid-AC Axid-AR	The OTC version has about half the medicine of the weakest prescription.	For occasional heartburn and indigestion. Not for chronic conditions or treating ulcers.
Urinary tract infections	Pyridium	AZO-Standard Cystex Prodium Uristat	The OTC pill contains a weaker version of the active ingredient in the prescription: phenazopyridine.	For relieving pain from an infection that has been diagnosed and is being treated with antibiotics.
Backache, headache and menstrual cramps	Motrin Anaprox Naprosyn Orudis	Motrin IB Orudis-KT Advil Aleve Nuprin	The OTC contains smaller doses of the same medicine as the prescription.	For short-term relief of minor aches and pains. Not for long-term problems, which may indicate a serious illness.

Look at all those hands. Those babies must know that the March of Dimes recommends drinking 100% pure orange juice before and during pregnancy to help reduce the risk of neural tube defects. Up to 70% of all neural tube defects may be prevented just by having enough folic acid in your system during those first few weeks of pregnancy — before you know you're pregnant. What's more, orange juice

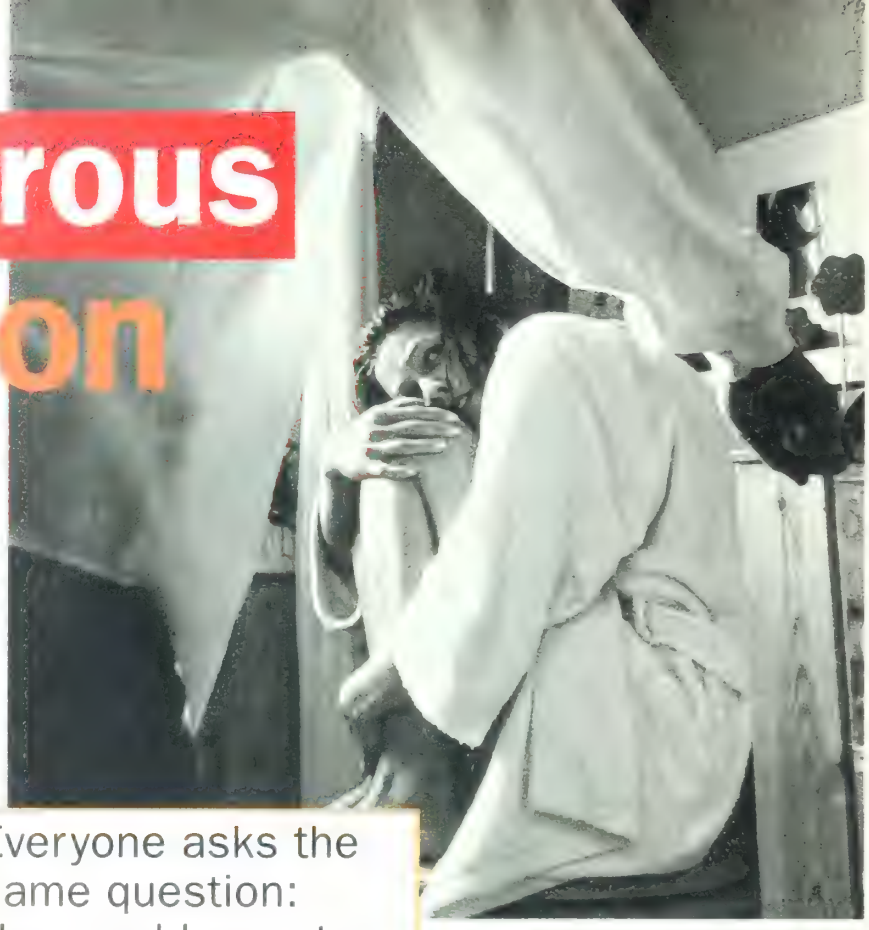


is the most commonly consumed source of folic acid among American women, and it provides other important vitamins and minerals you and your baby need. So doesn't it make good sense to drink a big glass or two of 100% pure Florida orange juice every day throughout your childbearing years? Okay, now that we all agree, you can put your hands down.

IF YOU THINK WOMEN SHOULD DRINK FLORIDA ORANGE JUICE DURING CHILDBEARING YEARS, PLEASE RAISE YOUR HAND.



Dangerous Liaison



Everyone asks the same question: How could you stay with a violent man? It's the question I asked myself again and again, until I finally found the strength to walk away. By Patti Davis

More than three years ago, I sat in the front yard of a rented house while the policeman inside told the man I'd been living with that he'd have to get out. I was clutching a cordless phone, desperately wanting to call someone—anyone—but too ashamed to do so.

A short while earlier, when I'd told the man I wanted him to leave my house, he exploded in rage, screaming abuse at me, threatening me, slamming doors and telling me that I couldn't make him leave. He had rights, he said, even if his name wasn't on the lease. There was a moment at the top of the stairs when he was way too close to me, when I saw the fury in his eyes, when I imagined myself plunging headlong down the stairs. That was the moment I decided to call the police.

Women don't like to talk about abusive relationships, and mine was certainly mild compared to the vicious attacks many women experience. Nicole Brown Simpson can't talk about it at all anymore. Other women who are still alive, but fear for their lives, choose not to. The silence is what bonds us. We keep quiet because we're ashamed.

I should have known this man was dangerous. We all say that. And maybe we should have known. Certainly, there were signs—flashes of temper, lies. But I chose to be blinded by romance. He left his girlfriend for me; he sent flowers; he was passionate, attentive. My friends weren't so easily fooled; two of them were alarmed enough to hire a private investigator. A cursory search revealed credit-card fraud, multiple Social Security cards, a restraining order from his ex-girlfriend. I could no longer hide behind the veneer of romance. What about the gun he had when we met? He said he'd gotten rid of it. Suddenly, I didn't believe him.

But there is something else the abused woman doesn't like to talk about: The last abusive man she was with may not have been the first. The man I just described was my second. He *will* be the last. But for other women, the cycle can last longer. It takes only one abusive relationship to start it. Something gets broken—deep inside—and before it can be mended, another man comes along who can see through us to where pieces have snapped, to where we don't feel whole. He moves in with a hunter's precision.

For nearly six months I was with a man who pointed out my every flaw, who methodically set about making me feel undesirable, except for brief "honeymoon periods" when he would just as methodically build me up. But it was a dark dance. Underneath, my self-esteem was turning to dust. I couldn't find the resilience to object or even comment when he blatantly flirted with other women in my presence. Who could blame him? I saw in the mirror the unattractive woman he told me I was.

I finally did walk away when he unabashedly made a date with another woman while we were *(continued)*



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Please see next page for additional important information.

*These findings were based on a sales comparison of loratadine (US dollars) with other leading antihistamines. IMS International Prescription Audit. (September 1994 to December 1997).

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CLARITIN®
brand of loratadine
TABLETS, SYRUP, and RAPIDLY-DISINTEGRATING TABLETS

BRIEF SUMMARY (For full Prescribing Information, see package insert.)

INDICATIONS AND USAGE: CLARITIN is indicated for the relief of nasal and non-nasal symptoms of seasonal allergic rhinitis and for the treatment of chronic idiopathic urticaria in patients 6 years of age or older.

CONTRAINDICATIONS: CLARITIN is contraindicated in patients who are hypersensitive to this medication or to any of its ingredients.

PRECAUTIONS: General: Patients with liver impairment or renal insufficiency (GFR < 30 mL/min) should be given a lower initial dose (10 mg every other day). (See **CLINICAL PHARMACOLOGY: Special Populations**.)

Drug Interactions: Loratadine (10 mg once daily) has been coadministered with therapeutic doses of erythromycin, cimetidine, and ketoconazole in controlled clinical pharmacology studies in adult volunteers. Although increased plasma concentrations (AUC 0-24 hrs) of loratadine and/or descarboethoxyloratadine were observed following coadministration of loratadine with each of these drugs in normal volunteers (n = 24 in each study), there were no clinically relevant changes in the safety profile of loratadine, as assessed by electrocardiographic parameters, clinical laboratory tests, vital signs, and adverse events. There were no significant effects on QT_c intervals, and no reports of sedation or syncope. No effects on plasma concentrations of cimetidine or ketoconazole were observed. Plasma concentrations (AUC 0-24 hrs) of erythromycin decreased 15% with coadministration of loratadine relative to that observed with erythromycin alone. The clinical relevance of this difference is unknown. These above findings are summarized in the following table:

Effects on Plasma Concentrations (AUC 0-24 hrs) of Loratadine and Descarboethoxyloratadine After 10 Days of Coadministration (Loratadine 10 mg) in Normal Volunteers

	Loratadine	Descarboethoxyloratadine
Erythromycin (500 mg Q8h)	+ 40%	+46%
Cimetidine (300 mg QID)	+103%	+ 6%
Ketoconazole (200 mg Q12h)	+307%	+73%

There does not appear to be an increase in adverse events in subjects who received oral contraceptives and loratadine.

Carcinogenesis, Mutagenesis, and Impairment of Fertility: In an 18-month carcinogenicity study in mice and a 2-year study in rats, loratadine was administered in the diet at doses up to 40 mg/kg (mice) and 25 mg/kg (rats). In the carcinogenicity studies, pharmacokinetic assessments were carried out to determine animal exposure to the drug. AUC data demonstrated that the exposure of mice given 40 mg/kg of loratadine was 3.6 (loratadine) and 18 (descarboethoxyloratadine) times higher than in humans given the maximum recommended daily oral dose. Exposure of rats given 25 mg/kg of loratadine was 28 (loratadine) and 67 (descarboethoxyloratadine) times higher than in humans given the maximum recommended daily oral dose. Male mice given 40 mg/kg had a significantly higher incidence of hepatocellular tumors (combined adenomas and carcinomas) than concurrent controls. In rats, a significantly higher incidence of hepatocellular tumors (combined adenomas and carcinomas) was observed in males given 10 mg/kg and males and females given 25 mg/kg. The clinical significance of these findings during long-term use of CLARITIN is not known.

In mutagenicity studies, there was no evidence of mutagenic potential in reverse (Ames) or forward point mutation (CHO-HGPRT) assays, or in the assay for DNA damage (rat primary hepatocyte unscheduled DNA assay) or in two assays for chromosomal aberrations (human peripheral blood lymphocyte clastogenesis assay and the mouse bone marrow erythrocyte micronucleus assay). In the mouse lymphoma assay, a positive finding occurred in the nonactivated but not the activated phase of the study.

Decreased fertility in male rats, shown by lower female conception rates, occurred at an oral dose of 64 mg/kg (approximately 50 times the maximum recommended human daily oral dose on a mg/m^2 basis) and was reversible with cessation of dosing. Loratadine had no effect on male or female fertility or reproduction in the rat at an oral dose of approximately 24 mg/kg (approximately 20 times the maximum recommended human daily oral dose on a mg/m^2 basis).

Pregnancy Category B: There was no evidence of animal teratogenicity in studies performed in rats and rabbits at oral doses up to 96 mg/kg (approximately 75 times and 150 times, respectively, the maximum recommended human daily oral dose on a mg/m^2 basis). There are, however, no adequate and well-controlled studies in pregnant women. Because animal reproduction studies are not always predictive of human response, CLARITIN should be used during pregnancy only if clearly needed.

Nursing Mothers: Loratadine and its metabolite, descarboethoxyloratadine, pass easily into breast milk and achieve concentrations that are equivalent to plasma levels with an AUC_{milk}/AUC_{plasma} ratio of 1.17 and 0.85 for loratadine and descarboethoxyloratadine, respectively. Following a single oral dose of 40 mg, a small amount of loratadine and descarboethoxyloratadine was excreted into the breast milk (approximately 0.03% of 40 mg over 48 hours). A decision should be made whether to discontinue nursing or to discontinue the drug, taking into account the importance of the drug to the mother. Caution should be exercised when CLARITIN is administered to a nursing woman.

Pediatric Use: The safety of CLARITIN Syrup at a daily dose of 10 mg has been demonstrated in 188 pediatric patients 6-12 years of age in placebo-controlled 2-week trials. The effectiveness of CLARITIN for the treatment of seasonal allergic rhinitis and chronic idiopathic urticaria in this pediatric age group is based on an extrapolation of the demonstrated efficacy of CLARITIN in adults in these conditions and the likelihood that the disease course, pathophysiology, and the drug's effect are substantially similar to that of the adults. The recommended dose for the pediatric population is based on cross-study comparison of the pharmacokinetics of CLARITIN in adults and pediatric subjects and on the safety profile of loratadine in both adults and pediatric patients at doses equal to or higher than the recommended doses. The safety and effectiveness of CLARITIN in pediatric patients under 6 years of age have not been established.

ADVERSE REACTIONS: CLARITIN Tablets: Approximately 90,000 patients, aged 12 and older, received CLARITIN Tablets 10 mg once daily in controlled and uncontrolled studies. Placebo-controlled clinical trials at the recommended dose of 10 mg once a day varied from 2 weeks' to 6 months' duration. The rate of premature withdrawal from these trials was approximately 2% in both the treated and placebo groups.

REPORTED ADVERSE EVENTS WITH AN INCIDENCE OF MORE THAN 2% IN PLACEBO-CONTROLLED ALLERGIC RHINITIS CLINICAL TRIALS IN PATIENTS 12 YEARS OF AGE AND OLDER

PERCENT OF PATIENTS REPORTING

	LORATADINE 10 mg QD n = 1926	PLACEBO n = 2545	CLEMASTINE 1 mg BID n = 536	TERFENADINE 60 mg BID n = 684
Headache	12	11	8	8
Somnolence	8	6	22	9
Fatigue	4	3	10	2
Dry Mouth	3	2	4	3

similar to those reported in allergic rhinitis studies.

Adverse event rates did not appear to differ significantly based on age, sex, or race although the number of nonwhite subjects was relatively small.

CLARITIN REDITABS (loratadine rapidly-disintegrating tablets): Approximately 500 patients received CLARITIN REDITABS (loratadine rapidly-disintegrating tablets) in controlled clinical trials of 2 weeks' duration. In these studies, adverse events were similar in type and frequency to those seen with CLARITIN Tablets and placebo.

Administration of CLARITIN REDITABS (loratadine rapidly-disintegrating tablets) did not result in an increased reporting frequency of mouth or tongue irritation.

CLARITIN Syrup: Approximately 300 pediatric patients 6 to 12 years of age received 10 mg loratadine once daily in controlled clinical trials for a period of 8-15 days. Among these, 188 children were treated with 10 mg loratadine syrup once daily in placebo-controlled trials. Adverse events in these pediatric patients were observed to occur with type and frequency similar to those seen in the adult population. The rate of premature discontinuance due to adverse events among pediatric patients receiving loratadine 10 mg daily was less than 1%.

ADVERSE EVENTS OCCURRING WITH A FREQUENCY OF ≥ 2% IN LORATADINE SYRUP-TREATED PATIENTS (6-12 YEARS OLD) IN PLACEBO-CONTROLLED TRIALS, AND MORE FREQUENTLY THAN IN THE PLACEBO GROUP

PERCENT OF PATIENTS REPORTING

	LORATADINE 10 mg QD n = 188	PLACEBO n = 262	CHLORPHENIRAMINE 2-4 mg BID/TID n = 170
Nervousness	4	2	2
Wheezing	4	2	5
Fatigue	3	2	5
Hyperkinesia	3	1	1
Abdominal Pain	2	0	0
Conjunctivitis	2	<1	1
Dysphonia	2	<1	0
Malaise	2	0	1
Upper Respiratory Tract Infection	2	<1	0

In addition to those adverse events reported above (≥ 2%), the following adverse events have been reported in at least one patient in CLARITIN clinical trials in adult and pediatric patients:

Autonomic Nervous System: Altered lacrimation, altered salivation, flushing, hypoesthesia, impotence, increased sweating, thirst

Body As A Whole: Angioneurotic edema, asthenia, back pain, blurred vision, chest pain, earache, eye pain, fever, leg cramps, malaise, rigors, tinnitus, viral infection, weight gain

Cardiovascular System: Hypertension, hypotension, palpitations, supraventricular tachyarrhythmias, syncope, tachycardia

Central and Peripheral Nervous System: Blepharospasm, dizziness, dysphonia, hypertonia, migraine, paresthesia, tremor, vertigo

Gastrointestinal System: Altered taste, anorexia, constipation, diarrhea, dyspepsia, flatulence, gastritis, hiccup, increased appetite, nausea, stomatitis, toothache, vomiting

Musculoskeletal System: Arthralgia, myalgia

Psychiatric: Agitation, amnesia, anxiety, confusion, decreased libido, depression, impaired concentration, insomnia, irritability, paroniria

Reproductive System: Breast pain, dysmenorrhea, menorrhagia, vaginitis

Respiratory System: Bronchitis, bronchospasm, coughing, dyspnea, epistaxis, hemoptysis, laryngitis, nasal dryness, pharyngitis, sinusitis, sneezing

Skin and Appendages: Dermatitis, dry hair, dry skin, photosensitivity reaction, pruritus, purpura, rash, urticaria

Urinary System: Altered micturition, urinary discoloration, urinary incontinence, urinary retention

In addition, the following spontaneous adverse events have been reported rarely during the marketing of loratadine: abnormal hepatic function, including jaundice, hepatitis, and hepatic necrosis; alopecia; anaphylaxis; breast enlargement; erythema multiforme; peripheral edema, and seizures.

OVERDOSAGE: In adults, somnolence, tachycardia, and headache have been reported with overdoses greater than 10 mg with the Tablet formulation (40 to 180 mg). Extrapyramidal signs and palpitations have been reported in children with overdoses of greater than 10 mg of CLARITIN Syrup. In the event of overdosage, general symptomatic and supportive measures should be instituted promptly and maintained for as long as necessary.

Treatment of overdosage would reasonably consist of emesis (ipecac syrup), except in patients with impaired consciousness, followed by the administration of activated charcoal to absorb any remaining drug. If vomiting is unsuccessful, or contraindicated, gastric lavage should be performed with normal saline. Saline cathartics may also be of value for rapid dilution of bowel contents. Loratadine is not eliminated by hemodialysis. It is not known if loratadine is eliminated by peritoneal dialysis.

No deaths occurred at oral doses up to 5000 mg/kg in rats and mice (greater than 2400 and 1200 times, respectively, the maximum recommended human daily oral dose on a mg/m^2 basis). Single oral doses of loratadine showed no effects in rats, mice, and monkeys at doses as high as 10 times the maximum recommended human daily oral dose on a mg/m^2 basis.

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CLARITIN REDITABS (loratadine rapidly-disintegrating tablets) are manufactured for Schering Corporation by Scherer DDS, England.

U.S. Patent Nos. 4,282,233 and 4,371,516

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lying in bed together, then told me I had it coming because I was so "needy." I walked out, but I walked out crippled. I was easy prey for the next one.



"We are all more vulnerable than we like to think," says the author

Violent men are clever about hiding their work. They often hit their wives or girlfriends on the legs or back—where the bruises won't show, where they are concealed by clothing. Emotional abuse is similar. The wounds are invisible to most people—although not to other men with a need to control and dominate.

It angers me when I hear women say things like, "If a man were even slightly abusive to me, I'd be out of there in a second." You don't know that, I want to tell them. Usually, though, I say nothing; if I did, I'd have to reveal that I've been there.

It's humiliating to know that you have allowed yourself to be treated cruelly. "Why on earth did you stay?" people ask, the concern in their voices edged with just a hint of contempt. Any woman who stayed has already asked herself that question, again and again. She doesn't need to hear it from someone else.



People who make the comfortable assumption that some kind of masochistic attraction draws a woman to cruel men would do well to consider the statistics on domestic violence. More women are harmed by people they know than by strangers. Abusive men are not hard to find: They come from every stratum of society, every economic class. The patterns are etched into this society. Little boys are growing up to be men who abuse women. Why are all the questions asked of the victims? Shouldn't we be asking society how to change its pattern?

A girlfriend of mine was just stalked and terrorized by a man she had dated briefly. A divorced mother, she found herself at the courthouse asking for a restraining order.

"I am such an idiot," she told me. "I should have known; I should never have gone out with him."

"We all feel like that," I said. "But you can't blame yourself."

Easy for me to say to someone else, but I still blame myself, and the embarrassment doesn't go away. It undermines your faith in your ability to evaluate the world. As my friend said to me, "I don't want to go out with anyone now. I'm so cautious—maybe even too cautious."

I walked out, but I walked out crippled. I was easy prey for the next one

That caution is often part of the recovery process. I'm not certain how long it lasts: I'm still in it. I have dated a few men in the past couple of years, but I haven't had a relationship. By choice, I think. I feel the tug of fear and I let it pull me away. I watch men for hints of cruelty; I carefully note their choice of words. I scrutinize them as I smile and talk and appear to be open. But I'm not open. I believe it's the only way to heal. We can learn to defend ourselves physically, but we can't defend our hearts. We can only keep our hearts quarantined, until they are strong enough to take a chance again.

The women who can't imagine that they would ever tolerate abusive treatment at the hands of a man should know that, once upon a time, I couldn't imagine it either. We are all more vulnerable than we would like to think. People can wound us, splinter parts of us. We are also more resilient than we think. We heal; we learn to live with the memories, and the humiliation. But it takes time.

I once heard a terrible comment from a woman who probably had no idea what she was saying. During a conversation about a well-known man who had been accused of beating his girlfriend, she said, "I guess she must have liked it. She stayed."

I wanted to speak up. How could she have strayed so far from her humanity as to imagine that another woman likes to be beaten? But her words drove me deep inside myself because, even though I hadn't been beaten physically, I had stayed with a man—with two men—who had beaten the hell out of me emotionally. And, yes, I should have left sooner. I will always have to live with that knowledge. So will many women. But at least we will live.

These memories are painful to recollect, but perhaps other women out there reading this will sigh in relief to find they are not the only ones who made foolish choices, then even more foolishly stood by them. More important, perhaps they will be moved to get help and get out. It's easier when there's less judgment and more understanding. ●

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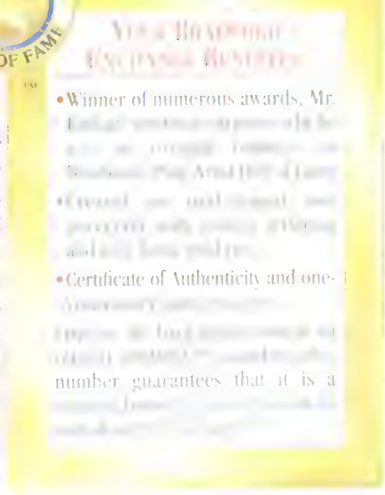
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When a child TURNS OUT BAD



Why do some kids from the same family behave so differently? A special report every mother must read.

BY ELIZABETH MEHREN

Everything seemed fine when Mandy Barrett* stepped away from the kitchen. Her two children were laughing and digging into bowls of cereal. But when Mandy returned seconds later, seven-year-old Brian was holding a large carving knife to the throat of his sister, Beth, nine.

"She wouldn't get out of the chair," Brian told Mandy in an icy-calm voice. "I wanted to sit there."

* Names changed at the family's request.

That was three years ago. Mandy managed to disarm her son and confined him to his bedroom while she comforted her daughter. Following what Mandy now thinks of as "the kitchen-knife incident," Brian spent thirty days in a residential psychiatric treatment program, where specialists said he was depressed. Mandy had been hearing this diagnosis since she had first sought help for Brian when he was three. Even in toddlerhood, the contrast between Mandy's two children seemed almost unimaginable.

Beth was bright, happy and well-adjusted—as she basically remains today. As a baby, Brian was "just really intense," recalls Mandy, thirty-eight, a widow who works as an employment counselor. If Mandy told Beth "no," she might protest, or sulk for a moment. But Brian would yell and throw himself around, banging into walls. It was no mere tantrum, but something else entirely.

"I would look at the two of them, and wonder, What's going on here?" says Mandy. "They were treated the same when infants. The house rules have always been the same. I know I'm a good parent. But I think his brain is just wired differently."

Two years ago, when he was eight, Brian's behavior took another perilous spin. At school, he saw a boy with a baseball bat—bound for Little League, as it turned out—and assumed he was about to be attacked. Brian jumped the boy, who was twice his size. He said he had a knife (he didn't), and that if the boy blinked, he *(continued on page 84)*



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WHEN A CHILD TURNS OUT BAD

Continued from page 78

would kill him. Brian was suspended from school for a week. The same year, police twice answered Mandy's calls—once, when she took seriously Brian's threat to kill her, and once when he was physically abusing his sister. On both occasions he was taken to police headquarters and booked on charges of domestic violence. At ten, Brian had an arrest record. Beth, meanwhile, was an honor student.

Is There a "Crime Gene"?

Experts say that the case of Brian and Beth is as common as it is vexing. Psychosocial research has turned up no firm answers to the question of why some kids in a family turn "bad" while others turn out fine, though evidence points to a confluence of environment, gender (boys are more likely to display extreme forms of antisocial behavior) and genetics. But increasingly, behavioral geneticists are exploring the possibility that some of this behavior may be coded into our DNA.

Much of the current nature versus nurture debate has been fueled by studies of twins who have been reared separately. The frequent similarity of adult antisocial behavior patterns makes a strong case for nature, says Dennis D. Embry, Ph.D., a Tucson psychologist who has worked with Mandy Barrett and her children. Yet, says Embry, "The 'bad seed' in the traditional sense—meaning a kid who simply comes out bad, straight from the womb—is probably a very rare event. It's more a combination of factors—an intersection of genetics, the home environment and the surrounding culture."

That view is shared by James Alan Fox, Ph.D., dean of the College of Criminal Justice at Boston's Northeastern University and a nationally recognized expert on criminal behavior. "It's not just a bad seed, it's also bad soil and bad watering," said Fox, whose book *Overkill: Mass Murder & Serial Killing Expos* (Plenum, 1994) looks at the qualiti that turn some people into kille "What you inherit biologically giv you a range, not a script." Even wi certain built-in biological disadva tages, Fox says, a child may n achieve great success, but "still has chance to turn out okay."

What is perhaps the most publ case of sibling disparity is also a dr ma of near-Biblical proportions. began unfolding in early 1996, wh David Kaczynski told authorities th he suspected his brother, Ted, w the notorious Unabomber—the pha tom terrorist who has confessed killing three people and maimi twenty-three others over an eightee year period. Seven years Ted's junio David idolized his big brother childhood. They loved to go campi together, to set off on long, rugg treks through the wilderness. Bo brothers were excellent student Both also spent years on the fring living in near isolation. But whi David Kaczynski channeled his inte ligence and his passion for soci change into a career as a social wor er, his brother took a different rout killing and mutilating people he h never even met as a strike against t technological world he abhorred.

Four Families in One

Ed and Deborah Higgins* mainta that all four of their children we treated equally from day one. Deb rah was a stay-at-home mom who oven was in such constant use th neighborhood kids called her "t Cookie Lady." Ed, a successful A lanta banker, enjoyed community a tivities. The family attended chur every Sunday.

Two daughters and a son matur into independent, happy adults. B Greg, their second-born, was a diffe ent story. Although he was cheerf enough as a baby, by kindergarten l was still throwing the kinds tantrums that usually vanish wi toddlerhood. Whatever discipline E and Deborah devised was no mat for his temper. It was hard to fatho just where Greg's anger came from.

n school, Greg advanced quickly a full-fledged troublemaker. His ort cards carried average grades or ter, but teachers' comments al- s focused on his short fuse and combativeness. Countless sessions n school counselors, sometimes at- ded by his parents, would appear help—for a while. "There was a of denial going on," Deborah s. "We always thought things were ng to get better."

At fourteen, Greg went joyriding his mother's car, and was arrested driving without a license. Six nths later, he was stopped for nk driving—this time, in a car be- ging to an older girl. He was six- n when he stole his first car. The ne year, he was charged with bur- rizing the home of an elderly ghbor, a longtime family friend. In enile court, Greg's punishments alated, until finally, he was sent to letention facility for eighteen nths. He returned unrepentant.

Desperate to understand, Deborah d her husband have consulted ens of specialists, endlessly replay- their family history. "We raised m just the same, we loved them ually," Deborah says. Greg, she concluded, "was just different."

Geneticists have yet to identify the called "crime gene" that Greg's navior suggests, though one 1993 rvard Medical School study, led neuroscientist Xandra Breakefield, D., did investigate a genetic mu- on in a middle-class Dutch family ose male members seemed unusu- violent. But most studies on ag- ssion suggest that larger social ues are at least as influential as ge- ics—particularly the role of the onshared environment." As one ponent of this theory, Ira M. nwartz, M.S.W., dean of the hool of Social Work at the Univer- of Pennsylvania, in Philadelphia, plains, "Although children are ed in the same family, they find eir own place and their own es—and they don't grow up to be ctly the same." Children process nmon experiences, such as disci- ne, in very different ways. One child in a family may pick out the class leader to emulate; another, for whatever reason, is attracted to a troublemaker.

Disruptions in family routine can also create a nonshared environment Schwartz says. An adventurous child may thrive when a family moves to a new home or new city; another may be shattered by the separation from the familiar. Other factors include birth order (parents often have different expectations of children born at different times), changes in family income that, say, bring advantages to a younger child that were not enjoyed by an older child, or a simple lack of temperamental "fit"—a whiny child born to parents who abhor complaining, an artistic child in a family of jocks. Finally, the relationship between a mother and father is experienced very differently by different children. Those exposed to bitter conflict are especially affected.

Discrepancies in how siblings describe their experiences are common in almost all families. "I recently interviewed a young man who was talking about how abusive one of his parents was," says psychologist Andres Nazario, Jr., Ph.D., of the Gainesville Family Institute, in Florida. "His sibling's perception was completely different."

Nazario, who rejects the notion of a "bad seed," has learned to be skeptical when parents steadfastly (and sincerely) maintain that "we raised them just the same." Usually, Nazario says, parents have tacked on other explanations, such as, "We always knew Johnny would turn out just like his grandfather."

To journalist and author Mikal Gilmore, such rationalizations are all too familiar. As the youngest brother of convicted murderer Gary Gilmore, who was voluntarily executed by firing squad in Utah in 1977, Gilmore has spent a lifetime reflecting on the peculiar family choreography that made four brothers turn out so differently. Why, he agonizes, did his brother Gary become homicidal? Why did Gaylen



crime? Why was Frank, Jr., a man so nonviolent he was sent to military prison for *refusing* to use guns in the Army, such a lost soul? And how had he, Mikal, managed to succeed professionally?

In his memoir, *Shot in the Heart* (Anchor, 1995), Gilmore echoes scores of experts when he theorizes that the four boys had vastly divergent experiences as children. Mikal, now forty-seven, was the baby, and came into adulthood in the early seventies, a very different time from the forties and fifties, when his brothers grew up. "But more germane," he says, "my father didn't treat me the same way." His father may simply have run out of steam himself, or perhaps, as he aged, was less inclined to pick on his children. But for some reason Mikal alone was spared the beatings his father gave his brothers.

His mother, Bessie, too, saw her youngest child differently. By the time Mikal was born, Gary had already been pegged as the troublemaker. "This was the only identity he had. He was singled out to be somebody who was a problem," says Mikal. "He did it well." Bessie Gilmore "held out the hope that I would be the one who somehow made good." Gilmore voices the view of many specialists that, consciously or unconsciously, parents may assign the roles their children assume.

Bigger Risk in Boys

A home marked by family strife and financial instability is bad enough. But the fact that the Gilmore children were boys increased the odds of what experts think of as "behavioral and social disorders." Felton Earls, M.D., a professor of human behavior and development at the Harvard School of Public Health, is conducting a study of seven thousand families in Chicago to explore the environmental roots of violence and aggressive behavior. Although Earls cautions that it is an extremely complicated issue, he concedes that "it certainly looks as though boys have a greater preoccupation with aggressive behavior and physical conflict at a very early age." Moreover, there is little doubt that violence begets violence. "An environment with serious conflict is going to enhance a boy's predisposition to violence, particularly if his father is the aggressor."

But just when an individual crosses the line is hard to determine. For some children, the shift from good to bad may be subtle and gradual. Others take dramatic downturns. At twenty-five, Ted Kaczynski was a rising star in the mathematics department at the prestigious University of California, Berkeley, his career firmly on the tenure track. Then, abruptly, he walked away, dropping his career, his academic future and most significantly, the sole passion in his life, mathematics. He gave it all up to become a recluse who built a series of lethal bombs.

Is Your Child Doomed?

Understandably, parents seek answers. When one child in a family truly stands out as "bad," a certain measure of grief is a healthy parental response. Agonizing endlessly can lock a family into a dynamic of "no change," experts say, but it is natural for parents to ask, Where did things go wrong? And how could we have prevented it?

In the absence of a stunning breakthrough in the emerging field of behavioral genetics, a single, clear-cut answer is unlikely. Parents should be alert to early warning signs and take them very seriously, but they need not despair. There is no evidence yet to support the notion that "badness" is an unalterable biological imperative. Furthermore, mental-health professionals are increasingly using psychotropic medications to treat children with severe behavioral problems, often with dramatic success. While parents should approach such medications with caution, the crucial factor in shifting a child's course is professional intervention—the earlier the better. With careful advice, and with strong cooperation from family members, extremely problematic behavior can be altered, and in some cases, reversed entirely. ●

Elizabeth Mehren is the author of "After the Darkest Hour the Sun Will Shine Again" (Fireside, 1997).

SAME FAMILY, DIFFERENT OUTCOME

Though no one knows exactly why and how they occur, black sheep crop up in even the best families.



ROLAND GARCIA, JR., AND BROTHER EDGAR

ROLAND GARCIA, JR., (left) is a partner in a prestigious Houston law firm who hopes to become United States Attorney for the Southern District of Texas. His brother, EDGAR ARNOLD GARCIA, is in federal prison in Florida, convicted of drug-running and murder.

CHRISTOPHER DARDEN AND BROTHER MICHAEL

CHRISTOPHER DARDEN became well known as one of the key prosecutors in the O.J. Simpson murder case. His older brother MICHAEL DARDEN was a drug addict who later died of AIDS.



MIKAL GILMORE AND BROTHER GARY

MIKAL GILMORE (left) became a successful journalist and author. His oldest brother, GARY GILMORE, was a notorious murderer who was executed in Utah in 1977.

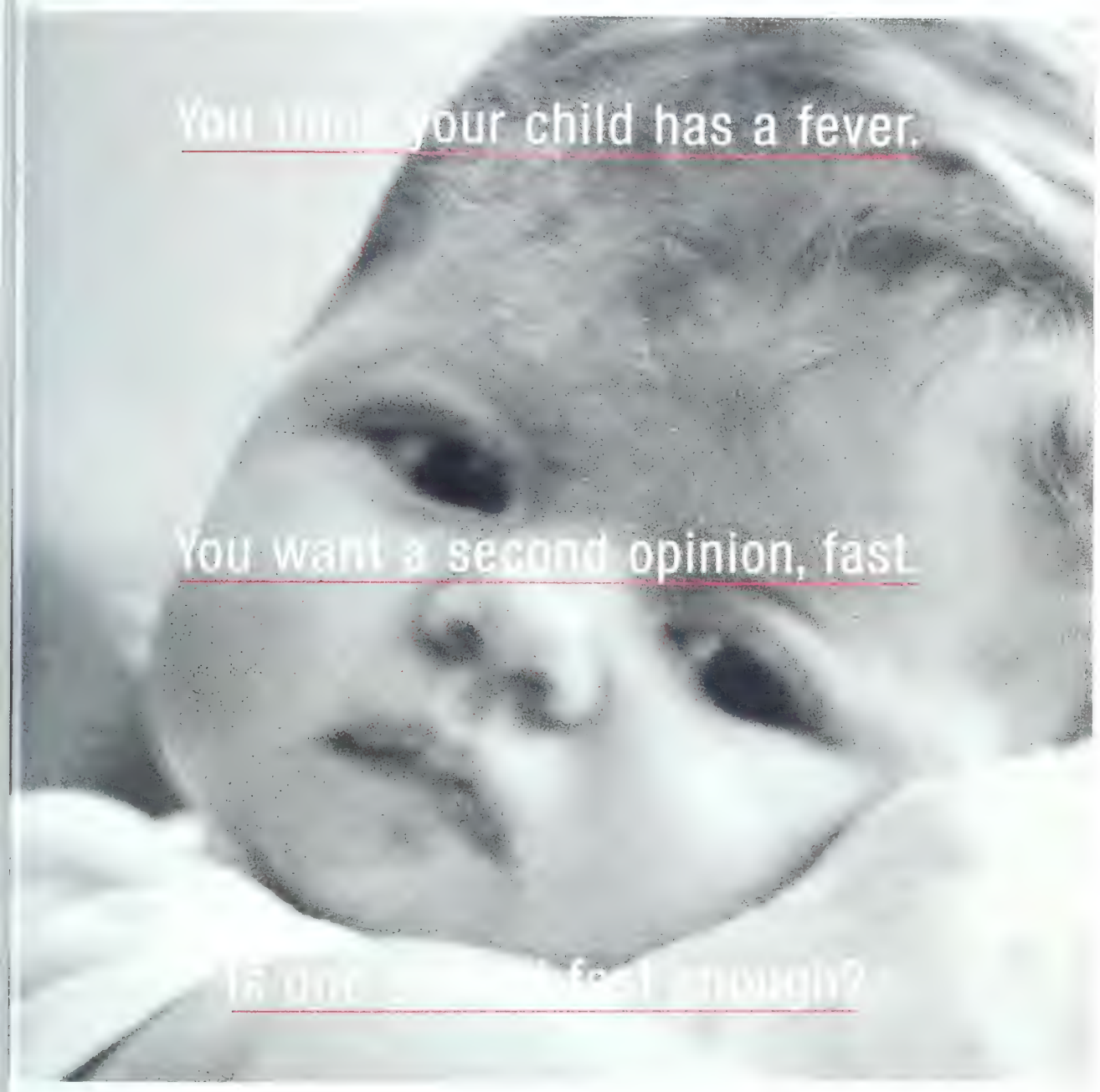
JOHN EDGAR WIDEMAN, BROTHER ROBERT AND SON JACOB

JOHN EDGAR WIDEMAN is a distinguished novelist and faculty member at the University of Massachusetts at Amherst. ROBERT WIDEMAN, his ten-years-younger brother, is in prison for murder. And John Edgar Wideman's son, JACOB WIDEMAN (an honors student and star athlete), killed a fellow camper at a summer camp in Maine in 1986, when he was sixteen.



WILLIAM M. BULGER AND BROTHER JAMES

WILLIAM M. BULGER (left) is the president of the University of Massachusetts and a devoted husband and father of nine children. His older brother, JAMES BULGER, is a convicted bank robber and reputed mobster who is on the run from charges of racketeering and extortion.





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I Love A Mystery

It's elementary, my dear Watson—detective novels offer an alternative universe where all the pieces fit By Jane Haddam



"In my books," says novelist Jane Haddam, "I've settled scores with everyone from the most popular girl in junior high to my algebra teacher"

I was six when I decided that I would grow up to write murder mysteries. My mother had taken me to New Haven to see a doctor about my badly crossed eyes. Afterward, we went to the old Malley's Department Store, where I found a Nancy Drew mystery called *The Ghost of Blackwood Hall*. For years afterward, the elements of that day all blurred together—my first sight of a city, the Nancy Drew book, a deep-purple cashmere sweater in the window of a store called White's. "That's where the Vassar girls shop," my mother said, "when they visit their boyfriends at Yale."

Now, nearly twenty-five years after my own graduation from Vassar, I actually own a purple cashmere sweater. It was my husband's last gift to me before he died, just over a year ago. Most of the other things I wanted passionately as a child have faded. (I no longer have the least interest in looking like Hayley Mills, for instance.) Murder mysteries—both reading and writing them—*have* stuck with me, I think, because they speak to something more important than adolescent fantasies. Like the lives of most women, mine always seems to be in chaos. If it isn't a crisis—the birth, by emergency cesarean, of my younger son; the early, unexpected death of my husband—it's the constant, everyday turmoil of raising two small boys. There are never enough socks in the sock drawer; someone always has to get to a dentist appointment in the middle of a school-day afternoon.

The outside world is just as chaotic, and considerably more sinister. Crime is scarce where I live, in the northwest hills of Connecticut, but what crime there is seems random, uncontrollable. In mystery novels, crimes happen, but always for rational reasons.

I started work on my first mystery back in 1981, by way of a magazine article on rape that I was writing. In six weeks of interviewing victims, counselors, police officers and psychologists, I heard about women who had been raped by former boyfriends in their own living rooms; by strangers after being pulled off crowded subway platforms; in elevators as they left their offices late at night. Talk about random. It didn't matter that I was living in one of the safest neighborhoods in New York: I was afraid to leave my apartment.

I began my book at four o'clock on a Monday morning, three hours before I had to leave for my day job. Four months later, I had a full first draft—and no idea what to do with it. In spite of having published dozens of magazine articles, I didn't think of myself as a "real" writer. If, a few weeks later, I hadn't met the man who would become my husband, the book I was calling *Sweet, Savage Death* would probably have sat forever on my worktable.

Bill DeAndrea's first two novels had won back-to-back Edgar Allan Poe awards from the Mystery Writers of America. He had a regular series in progress and a spy series about to come out. He terrified me.

He attracted me, too, of course—even before I laid eyes on him. That was why I was in a Manhattan bookstore called Murder Ink on the spring day we met. Two years earlier, I'd picked up his novel *The Hog Murders* and had immediately fallen in love. I liked the writing. I liked the attitude. I even liked the dedication.

I was in Murder Ink to pick up five additional DeAndrea novels that I'd special-ordered. I had no idea that the big, pleasant man behind the counter that day (helping out the owner) was Bill DeAndrea himself. *(continued on page 92)*



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Continued from page 88

Bill was attracted to me, too, but after we talked about the mysteries we both loved, we seemed to run out of things to say. The only topic I could come up with was my book. He immediately offered to read it, taking my only copy to his parents' house for Easter weekend.

"All the way there on the train," he told me later, "I was afraid it would turn out you couldn't write."

I would have been offended, except I was afraid of the same thing.

Over the next fourteen years, Bill and I did most of what we wanted. We lived in London. We had two children. My humorous genre mysteries gave way to darker books that concentrate more on relationships than action. Most are part of a series featuring my regular detective, Gregor Demarkian, a retired FBI agent. Demarkian looks, according to my description, like "an older and out-of-shape Harrison Ford." In my mind, what he really looks like is Bill, before he got sick. Bennis Hannaford, Demarkian's unofficial assistant, is what I would look like if I could make myself perfect.

Murder mysteries are like sonnets: The framework is unforgiving, but if you work within it, you can do wonderful things. Most novels spend vast amounts of space setting up the plot and making it plausible. A mystery plot is set beforehand—the crime happens, is investigated, gets solved—so the writer can spend her time skewering the stupidities of everyday life and working out the relationships between characters.

Once I have those relationships down, I know who killed whom and why. Then I need to work on the murder method and the clues. That's where Post-it notes come in. In *Skeleton Key*, my work in progress, the notes keep track of a complicated series of car switches. If you can figure out who had which car when, you can solve the murder. (See "Beating the Detective to the Punch," right.) The Post-it note stuck to my computer screen this morning says: *Make sure Margaret loses her parking ticket.*

I, of course, have to make sure of more than that. On one side of my desk is a ten-page explanation, downloaded from the Internet, of how parking garages give out timed tickets. On the other side are notes from a conversation with my mechanic on what would really mess up a Jeep Cherokee. These large blocks of information will result in perhaps two lines in the finished book, but both are essential. So are the phone numbers I keep handy—of the FBI official who clarifies what Gregor could have done as a special agent, of the woman at state police headquarters who explains police procedure, of the attorney who deciphers criminal law. Some readers will know more than I do about these subjects. Others will simply trust me to have it right. *(continued)*

Beating the Detective to the Punch

"Throw garbage at it," was the advice I got as a new mystery writer. If you want to keep your readers baffled, surround each clue with lots of unimportant details. To solve the mystery before the detective does, here are a few hints:

1. ALWAYS PAY ATTENTION TO WHAT'S OUT OF PLACE. If the laptop is found in the laundry hamper or the dog is discovered shivering in the refrigerator, you've just been given a piece of the solution. Keep it in mind, and

2. ALWAYS CONSIDER THE EVIDENCE FROM MORE THAN ONE ANGLE. If the laptop is in the laundry hamper, chances are that the maid, who does the laundry, didn't put it there. She'd only be pointing a finger at herself—something no murderer wants to do. Remember that

3. MURDERERS IN MURDER MYSTERIES NEVER DO STRANGE THINGS JUST TO MAKE THINGS LOOK STRANGE; THEY DO THEM BECAUSE THEY HAVE TO. Putting the laptop in the hamper calls attention to the laptop. Either the murderer was forced to dispose of the laptop in this way, or the murderer wants you to concentrate on the laptop instead of something else that's easily visible. Which is why you should

4. ALWAYS NOTICE WHAT ACCOMPANIES THE STRANGE THING. Yes, the laptop is in the hamper, but so are three pairs of pink boxer shorts and a handkerchief with motor oil on it. Those things look like they belong there, so you might overlook them—but don't. You should also

5. ALWAYS NOTICE WHAT ISN'T THERE. There's a laptop in the laundry hamper along with three pairs of pink boxer shorts and a handkerchief with motor oil on it, but Susan's best blue jeans aren't there at all, in spite of the fact that Susan got them splattered with mud the night before. And Susan always puts her dirty clothes in the hamper. Which brings us to

6. ALWAYS NOTICE CHANGES IN BEHAVIOR, NO MATTER HOW SMALL. Exactly how small can be illustrated by one of the most famous mysteries of all time, Agatha Christie's *The Murder of Roger Ackroyd*. In the first several pages, the narrator gives us a minute-by-minute, detailed account of his day. Then, a bit later, comes a vague ten-minute gap, the only gap in the entire account. In that ten minutes lies the solution to this mystery for anyone who wants to find it. In the same way, if a character is described as "always" doing something and then in one instance doesn't, pay attention. And while you're at it

7. ALWAYS REMEMBER THAT MOTIVES AREN'T WHAT THEY SEEM. The rule of thumb is that the character with the clearest motive isn't the killer, or if he is, his motive is not the obvious one. Be careful here, however, because there's a kind of mystery called a boomerang where the most obvious suspect is the killer, but you have to go around in circles for a while to figure that out. To avoid getting tricked by this

8. ALWAYS KEEP IN MIND ANYTHING DISTINCTIVE ABOUT A CHARACTER. If Susan the housewife also happens to be a former advertising executive whose most important account was the Boxer Shorts Information Council, pink boxer shorts may have a different meaning to her than they do to another character. Which is why you must

9. ALWAYS PAY ATTENTION TO THROWAWAY LINES. Especially throwaway lines that get repeated even when they seem completely unimportant. Susan may have done the advertising for the Boxer Shorts Information Council, but didn't it say back there on page 12 that Morton was reading a book on how World War II spies used the colors of their boxer shorts as a code to pass atomic secrets? And what about Jennine, who was experimenting with motor oil as a skin moisturizer? And finally

10. ALWAYS REMEMBER THAT IF YOU COULD FIGURE IT OUT EVERY SINGLE TIME, YOU'D BE VERY DISAPPOINTED.

—J.H.


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Once I have the details down, I can proceed to the fun part: thoroughly confusing my readers. Margaret's parking ticket gets a lot of space because it isn't really important. I want readers concentrating on the unimportant, because no murder mystery on earth would have a surprise ending if people knew what they were looking for. The Jeep Cherokee gets a lot of space, too, but only as the setting for a furtive necking session between two teenagers. The squashed Green Giant packing box on the floor of the Jeep's backseat *is* important but gets a one-line mention. Misdirection is the key.

We were back in Connecticut from London, in spring 1994, showing off our newborn second son, when Bill started throwing up—everything, including water. Then he started to feel weak, tired and sometimes breathless. Routine tests showed nothing. In spite of doctors' assurances, we began to worry. It would take a year to find out what was wrong, and by then it would be too late.

Nothing is more chaotic—more random, more threatening—than watching a man die young of something unpreventable and rare. Bill's cancer—a carcinoid tumor, tucked away in his appendix—had no known risk factors, no early symptoms, no standard protocols of treatment.

"Mr. DeAndrea," one of his doctors said, "you had a statistically greater probability of hitting the Lotto jackpot two weeks running than of getting what you've got."

"Well," Bill said, "can I pick?"

He died ten months later. Someday, when his death is far enough behind me, I intend to write a mystery set in a hospital, if only to have the chance to kill off the clerk who drove me crazy by billing the wrong insurance company and misspelling Bill's name while she was at it. That's something else a mystery writer can do—get safe and satisfactory revenge. I've settled scores with everybody from the most popular girl in my junior high to the nun who taught me eleventh-grade algebra.

If the real world is less orderly than we would like, the world of the murder mystery is far more orderly than it appears. It is, in fact, as orderly as the writer wants to make it.

In my novels, everything that happens makes sense, and when it is over, the world's a safer place, at least on paper. I cannot cure rage or chaos or randomness or fear, but I can take myself and my readers out of the anarchy for a while. I can't bring Bill back to life, or create a world where nobody has to die of rare, incurable diseases, but I can keep Bill's voice and spirit alive in the character of Gregor Demarkian. I cannot fix our flawed legal system, but I can imagine a place where laws operate with perfect justice.

Most of all, I can make the problems seem manageable again. •

Jane Haddam is the author of twenty-two mystery novels. Her most recent is "Deadly Beloved" (Bantam, 1997).

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The New Road Warriors

More and more women are becoming aggressive, reckless—and downright dangerous—behind the wheel. Why are so many of us accidents just waiting to happen? **By Dianne Hales**

Something strange occurred the first time I found myself behind the wheel of a pickup truck. With one giant leap into the driver's seat, I became Queen of the Road. Sitting higher and seeing more of the road than I ever did in my staid little sedan, I suddenly felt invincible. Gunning the engine, I zoomed past every car in sight. When a slower driver cut into my lane, I whooped, "Ramming speed!"

"Mom!" my twelve-year-old daughter cried. "You're scaring me."

Actually, I was scaring myself, too. Whoa! I thought. What's happening to me?

It's a question many of the nation's approximately eighty-nine million licensed female drivers might well be asking. Women are not only driving more than ever before; we're also driving more like men—and that's a dubious distinction. According to traffic studies from around the country, women—on a per-mile basis—are almost as likely as men to tailgate, weave between lanes, fail to signal turns, slide through stop signs, run red lights or cut off another driver. We're also narrowing the gender gap in accident rates and fatal crashes. Two decades ago, one of every five traffic fatalities was a woman; today one in three is. Between 1975 and 1996, the number of women killed while driving increased 79 percent.

Why has it gotten so dangerous out on the highway? Some cite the sheer number of licensed drivers on the road—179 million. In the last decade alone, miles driven increased 35 percent; roads to drive on, only 1 percent. Others blame the popularity of supersized pickups, sport-utility vehicles and minivans that transform normally demure drivers into roadway Rambos and Rambettes. But the real culprit, say safety experts, sits behind the wheel. "Any car is only as safe as the person driving it," says Phil Berardelli, author of a forthcoming book on driving safety.

Mad drivers' disease

Consider the fateful meeting of Rene Andrews, twenty-nine, and Tracie Alfieri, twenty-four, on a highway near Cincinnati in 1996. According to witnesses, Alfieri, enraged when Andrews pulled into her lane, first attempted to pass on the right shoulder, then pulled around Andrews's car on the left, cut in front of her and hit the brakes. Andrews, who was six months pregnant, swerved into a stopped tractor trailer. She suffered multiple injuries and a miscarriage. Last May, a judge sentenced Alfieri to eighteen months in prison for the aggravated vehicular homicide of an unborn child. (Alfieri was released from prison last October because her young daughter was ill; as the *Journal* went to press, she was free pending the appeal of her case.)

According to a recent *(continued)*

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study by the AAA Foundation for Traffic Safety, in Washington, D.C., "violent aggressive driving"—a deliberate attempt to harm another driver after a traffic dispute—is rising by 7 percent per year. "The violent incidents that make the papers are still relatively rare," says Berardelli. "But what's equally horrible is the level of aggression that almost everyone participates in."

This hostility can and often does erupt into the emotional outbursts known as road rage—a factor, according to the National Highway Traffic Safety Administration, in as many as one third of all highway crashes and two thirds of the resulting fatalities. Arnold Nerenberg, Ph.D., of Whittier, California, a specialist in motorway mayhem, estimates that there may be 1.78 billion episodes of road rage a year. His studies indicate that women are almost as angry on the road as men are.



Tracie Alfieri (above) was convicted of aggravated vehicular homicide when her violent aggressive driving caused Rene Andrews (right) to have an accident and a miscarriage. Alfieri is now appealing the case

"Cars are equalizers," he says. "Today's women are under tremendous stress. If they feel someone is endangering or intimidating them, they may not sit there and take it."

But there is a gender difference in the way the sexes exhibit road rage. Perhaps fueled by testosterone, men race after motorists who have done them wrong, force them off the road and then get out of their cars and attack with bats, golf clubs, knives and guns. Women tend to retaliate by using their vehicles as weapons. In an AAA Foundation analysis of aggressive driving incidents, thirty-one women had even tried to run down police officers who had pulled them over.

What transforms polite, well-mannered Joe and Jane Jekylls into hell-bent Mr. and Ms. Hydes behind the wheel? Terror, says Stephanie Faul, communications director for the AAA Foundation. "If someone darts in front of you, for a second you think you are going to die, and the fight-or-flight impulse kicks in."

The danger zone

While road rage can make any driver spin out of control, the most hazardous drivers are routinely reckless—and these days, they are much more likely to be women than in the past. Take the case of Elaine Marie Jackson, a twenty-four-year-old mother in Albion, Michigan, whose license had been suspended because of unpaid citations for speeding and failure to yield. Yet last August, she and another mother piled eleven children into a pickup truck. Jackson took the wheel—and ran a stop sign. A dump truck rammed into the pickup, spinning it around and flattening it. Eleven people died, including Jackson and nine children.

This tragic story underscores a basic truth about driving: It is, as Berardelli stresses, "the most dangerous activity we do daily." And nothing puts us in greater peril than ignoring the rules of the road, especially at intersections. "The chances of being injured are greater at an intersection than on the open road," he notes. "And when drivers ignore stop signs and red lights, the types of collisions that occur—head-on and broadside crashes—are more likely to result in injury."

On any stretch of road, commonsense precautions could save more lives than any police crackdown or sophisticated safety device. Speed, drunk driving and failure to wear a seat belt—the same terrible trio that led in part to Princess Diana's death—are primary culprits in three million injuries every year in the U.S. and 42,000 deaths.

But even women who never drive aggressively admit that they're often driven to distraction. "How can you keep your eyes on the road when you've got your baby in the backseat?" asks one friend, who says she swivels her head so often she feels like Linda Blair in *The Exorcist*.

Fussy or feuding kids aren't the only reason busy women don't give the road their full attention. With so much to do in so little time, we try to do double duty as we drive. While throttling along the freeway, I often find myself jotting items on a grocery list, fumbling through my purse for the dry-cleaning receipt and taking pizza orders from a backseat of girls singing along to the radio. One safety expert reports seeing a woman folding laundry as she drove, stacking T-shirts and towels neatly on her dashboard.

"The problem is that driving is boring, so people feel they don't need to give it their full attention," says E. Scott Geller, Ph.D., a professor of psychology at Virginia Polytechnic Institute and State University, in Blacksburg. "If you drive the same road every day, you assume that it's the same, but the traffic is always different. You may get away with splitting your attention some of the time, but sooner or later you'll get in trouble."

The way women use cars may increase their risk of certain types of accidents, such as left-turn and rear-end collisions, which *(continued)*

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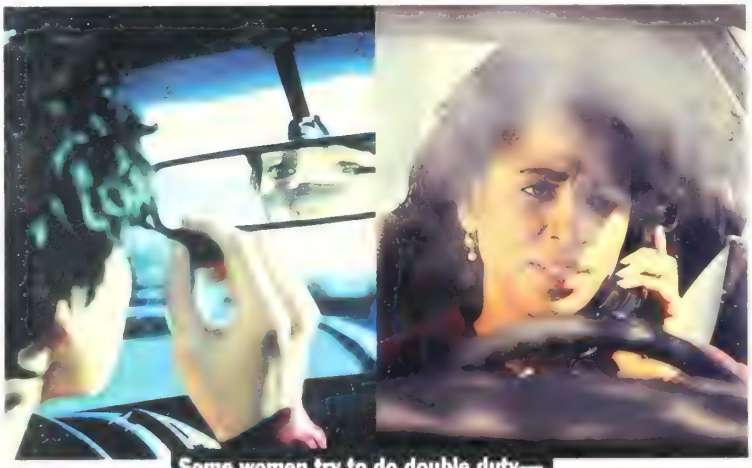
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occur more often in busy commercial districts than on the open road. While men drive more miles, women make more short trips. We scurry from supermarket to post office to pediatrician—usually feeling more hurried and hassled with every stop.

As I discovered, the vehicles we drive also can affect the way we drive. "The car is a reflection of who you are or who you'd like to be," says psychologist Martin Turnauer, Ph.D., of Radford University, in Radford, Virginia, who has studied driving behavior for twenty-five years. "A woman sitting high in a four-wheel-drive may literally feel that she's above everyone else and can do whatever she wants."



Some women try to do double duty—putting on makeup and making phone calls while they drive

In the end, a driver's attitude can matter most of all—and the most dangerous attitude is an angry one. Several years ago, when a driver started tailgating Julie Rochman, thirty-six, a public-relations professional in Virginia, "I tapped my brakes to turn on my back lights and make him slow down. This got him so mad that he followed me off the freeway," she says. "I was so upset that I pulled over and got out. This guy was absolutely furious. I said, 'Go ahead and hit me. I'll have you in jail on assault charges before you know it.' He finally drove off. When I got home, I was shaking. I thought, This is really unhealthy behavior. I've got to change. The next day, I let a car in rather than cutting it off, and the driver gave me a smile and a wave. I thought, This *is* better."

Unleashed anger is the high-octane fuel that makes road rage so perilous. But usually this fury starts building long before a driver even gets on the highway. "Many women have a lot of bottled-up anger that may stem from a personal problem or a situation at work," says psychotherapist Kathleen Heide, Ph.D., a professor of criminology at the University of South Florida, in Tampa. The highway may be one of the few places a woman feels she can let loose. But it's also one of the most dangerous places to do so.

If you find that your road annoyance frequently boils over into rage, figure out exactly where your fury is coming from. "You have to deal with unfinished business in your life so you can keep current with your anger," Heide stresses. "This is true even as you're driving. If someone cuts you off, think, Okay, buddy, I'm not playing that game. And just let the irritation go. That way you won't get even more upset a few minutes later when another person does something obnoxious."

It's also important to be aware of your own reckless behavior behind the wheel. One friend became a self-described "reformed road rager" when her four-year-old asked why Mommy used so many bad words in the car. A Los Angeles woman abandoned what she calls "clenched-fist driving" when a motorist she'd beeped at waved a gun at her. "The *(continued on page 200)*

ARE YOU A DANGEROUS DRIVER?

This self-test, adapted from one developed by Leon James, Ph.D., professor of psychology at the University of Hawaii, in Honolulu, lists aggressive driving tactics ranging from the relatively mild to the truly violent. How many of the following have you done?

1. Mentally condemning other drivers.
2. Verbally condemning other drivers to a passenger in your vehicle.
3. Refusing to let another car enter your lane because you're frustrated or upset.
4. Giving a driver the "evil eye."
5. Speeding past another car as a sign of protest.
6. Preventing another driver from passing because you're angry.
7. Tailgating to pressure a driver to go faster or get out of the way.
8. Fantasizing about committing physical violence against another driver.
9. Honking or yelling through your window.
10. Making an obscene gesture at another driver.
11. Making threatening maneuvers with your car.
12. Pursuing a driver who provoked you.
13. Leaving your car to argue with another driver.
14. Deliberately bumping or ramming another car.
15. Trying to run another car off the road.

SCORING: Behaviors 1–3 fall into the unfriendly zone, says James. These are things that virtually all drivers have done at one time or another. 4–7 are signs of hostility with a desire to punish another driver. 8–11 show you're ready to act on your hostility—either in fantasy or deed. And 12–15 are signs of full-blown road rage. You need to cool down and get control of your anger before you really hurt someone.

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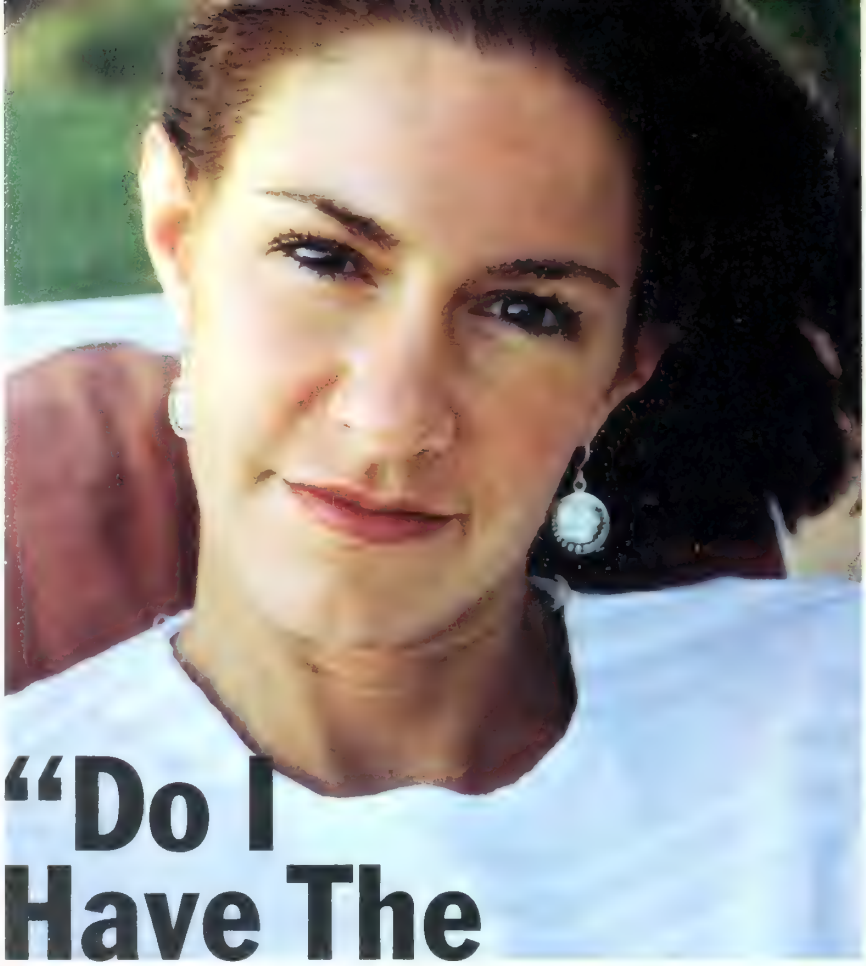
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"Do I Have The Breast-Cancer Gene?"

I was told I might never learn the answer to that crucial question. But then the institute where my husband and I work developed a test for high-risk women like me. By Dixie King, as told to Diana McLellan

I was ten years old when breast cancer first hit home.

It was 1968, and my mother, a nurse in her early thirties, had just had her first mastectomy. She tried to shield my thirteen-year-old sister and me from her pain, but years later, she told us that her mother had had breast cancer, too. So had her grandmother.

In 1976, cancer invaded my mother's remaining breast, and she had that one removed, too. After the second mastectomy, my mother's doctor took my sister and me aside to tell us we were both at risk for the disease. He added that as a preventive measure, we should consider having our breasts removed while we were still young, before cancer cells had a chance to develop.

I wasn't shocked by this, because I'd heard that such operations were possible. Still, grateful as I was for his concern, I was only eighteen, and naturally I wanted to leave my figure the way it was. My sister felt the same way. As I headed for college, I decided that I'd just watch my breasts carefully for any changes.

Medical science had always been a passion of mine. One of my first jobs after studying biochemistry was doing lab testing to help develop the earliest liver transplants, and I saw the joy of a parent whose child's life was saved by this procedure. Most of all, I became fascinated with genetics, an exciting field that I believed could change many lives.

Eventually, I took a job as a medical researcher in a laboratory in Pittsburgh, my hometown. I loved my work and my life, but as the years went on, I started to feel a dark cloud hanging over me. When my friends talked about having children, I was filled with anxiety at the prospect. What was the point of being a mother if cancer would leave me too sick to host birthday parties or cheer at Little League games? I was afraid to make plans too far in advance—who knew what might happen in a few months?

Of course, I was vigilant. During my twenties, I had a mammogram every two years, and then annually after age thirty. I went for frequent ultrasound screenings to detect the slightest change in the tissue. No monthly self-examination was more thorough than mine. Yet nothing could make me feel entirely safe. My mother, who survived her metastatic cancer, knew that my sister and I worried about our health, and she tried to put up a brave front. But she didn't know of any way to protect us—after all, her own cancer had been diagnosed just six months after a negative mammogram. After I turned thirty, that reality hit home even harder.

In 1987, I accepted a position as a laboratory scientist at the Genetics & IVF Institute, in Fairfax, Virginia, an organization on the *(continued)*

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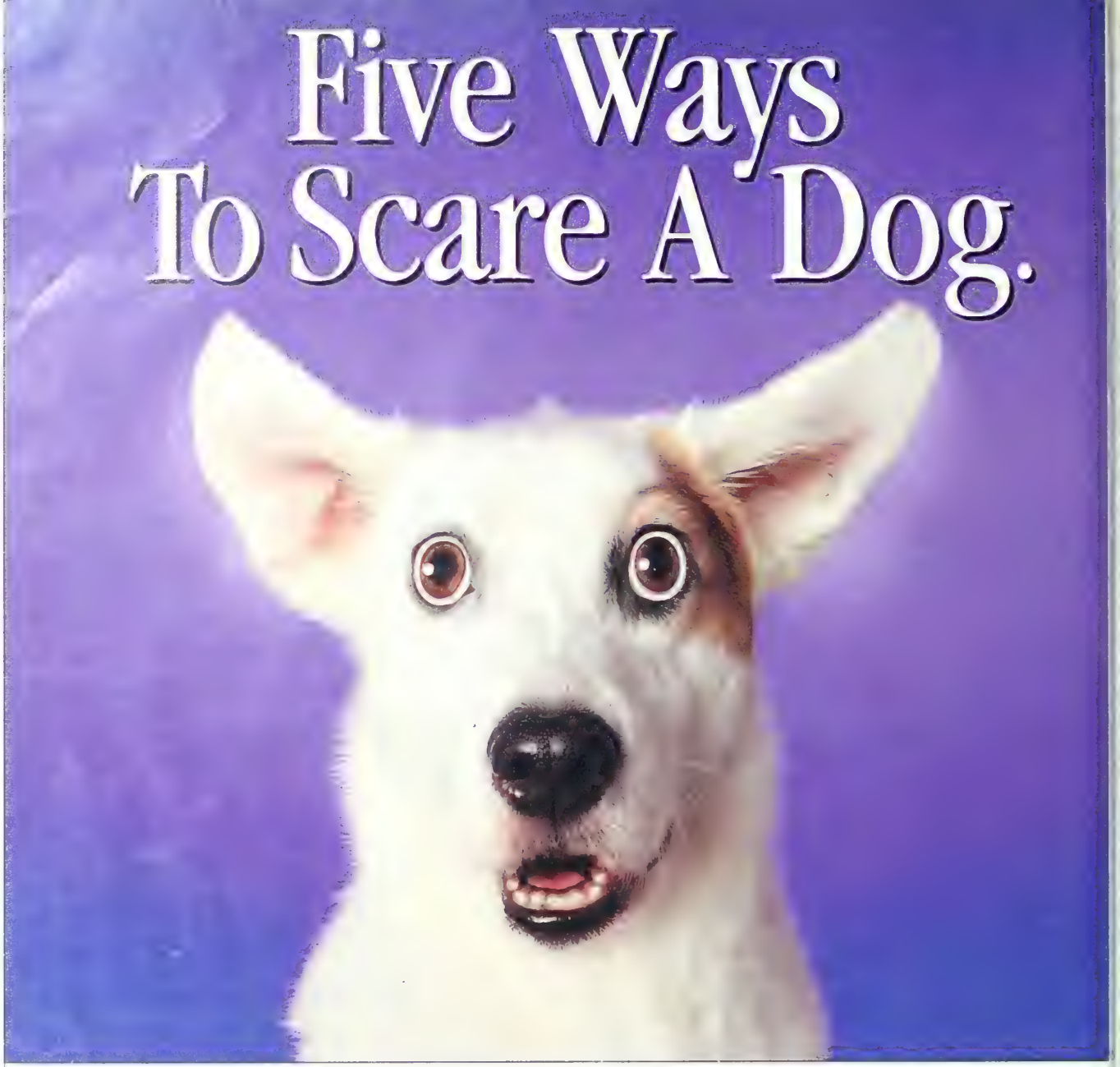


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cutting edge of genetic and fertility research and treatment. The Institute helps many infertile couples conceive, often through in vitro fertilization. My work is deeply satisfying because we celebrate so many successes. Every Mother's Day, we throw a huge party for hundreds of "our" children and their families.

The Institute's director, Joseph Schulman, M.D., is a renowned scientist who had been the first director of the Medical Genetics Program at the National Institutes of Health. Our shared scientific interests forged a powerful bond between us; we started dating, and married in 1994.

That same year, a report rocked the genetics community—including me: A breast-cancer gene called BRCA-1 had been isolated. A second gene, BRCA-2, was isolated a year later. It was then discovered that one alteration of the BRCA-1 gene, known as 185delAG, is found most often in women whose ancestors are Jews from Eastern or Central Europe (known as Ashkenazi)—affecting as many as 1 percent of that population. (A comprehensive study of more than 5,000 Ashkenazic people in 1997 showed that a woman carrying one of three alterations of the BRCA-1 gene—including 185delAG—has approximately a 56 percent chance of developing breast cancer, as well as an estimated 16 percent chance of developing ovarian cancer.)

I was Christian, but my mother's family were Ashkenazi who had converted a few generations earlier. Had her heritage contributed to her disease? And did I have a genetic time bomb lurking in my own body? I was anxious to know.

Tests were being developed to study the two BRCA genes in Ashkenazic women and in women of any background. I asked several medical university centers if I could take their BRCA-1 test for Jewish women. Some researchers said they would include me in their studies, but only if I developed breast cancer. I didn't want to wait until I was sick; I wanted to find out *now*! Others demanded elaborate pathology reports from my mother and grandmother, which I didn't have. Most of them said that even if I were accepted, they wouldn't share the results of the test with me until their studies were completed—which would be many years later, when it might be too late for me and my family.

Even more disturbing to me, some academic and research centers at the time were opposed to offering the cancer gene tests to the general public. They claimed that women would be confused by the results or become unnecessarily frightened for their lives if they learned they carried a breast-cancer gene alteration. I was outraged. If I needed a mammogram, no one would tell me I "couldn't handle" the results. Why shouldn't I know about my own genetic health?



The test confirmed my worst fears: I carried the breast-cancer gene alteration and had a 56 percent chance of developing the disease

Fortunately, the genetics team at the Institute felt just as strongly as I did that women have a right to learn their cancer risks. In fact, they had begun to develop a test of their own not long after the discovery of the gene, and my experience reinforced their belief that this test should be made publicly available. After several months, the Institute was ready to offer their BRCA-1 test to all Ashkenazic women.

In February 1996, my mother and I went to the Institute to have our blood samples drawn and analyzed. My sister decided to wait and see if our mother was a carrier before being tested herself. Two weeks later, when the results came in, I met with Joseph and another of the Institute's geneticists. My husband gave me the news: My mother carried the 185delAG alteration—and so did I.

Yes, I had expected it, but it was still a blow to have my fears confirmed. Alone with Joseph later, I wept in his arms. My husband, although very upset, was wonderful—supportive, sensitive and thoughtful—as we discussed my options. I was only thirty-eight years old; should I have a preventive double mastectomy now, wait and do it in a few years, or do nothing at all and take my chances? Joseph promised to stand behind whatever decision I made.

I consulted with a number of medical experts. But, after all those years of dread, the choice was almost inevitable: I wanted the surgery. Though it would mean removing two healthy breasts to prevent something that might never happen, it seemed a small sacrifice compared to living with the constant fear of early illness and death.

My parents supported me wholeheartedly. My mother felt terrible that she'd passed the gene on to me and perhaps my sister, but she was enormously relieved to know there was a reason for everything she'd been through. I assured her I didn't blame her—after all, I inherited her beautiful smile and many of her other good qualities. I also talked to my sister, trying to be sensitive to the fact that she had her own choices ahead of her. *(continued on page 110)*

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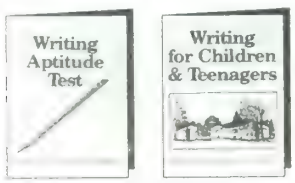
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**The students' statements in this ad were provided voluntarily by them, without remuneration, from 1990 to 199*

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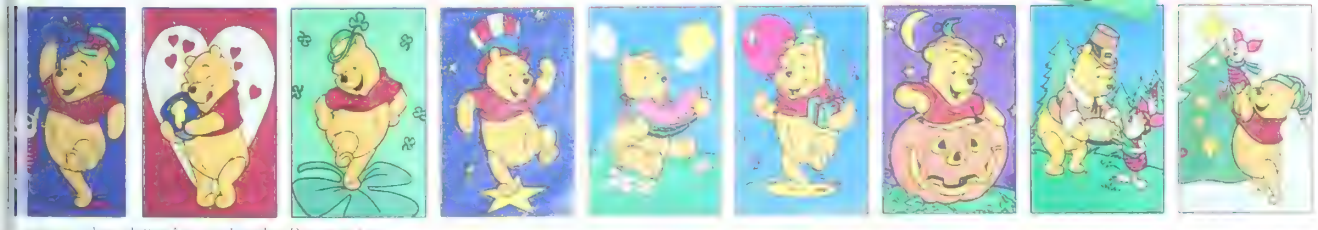
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Continued from page 105

Before scheduling the surgery, I went to see a psychiatrist I knew and trusted. I'm glad I did. He helped me come to terms with my deepest feelings about my breasts: Was I happy when they first developed? What did they mean to me as a woman? I realized that my breasts were paradoxically both a pleasure and a threat to me, and that it would be normal to grieve for them. If anything, I had already begun the process of letting go.

After talking to several breast surgeons, I scheduled my bilateral mastectomy for April 1996, and arranged to have a plastic surgeon insert saline breast implants immediately afterward. The night before the operation, I wept a little, prayed a lot, tossed and turned in bed and worried. Suppose the cancer had beaten me to the punch and there was a tumor already forming in my breasts? All I could do was hope that the test had come in time for me to escape my family's disease.

I was only thirty-eight—should I have a preventive double mastectomy, or do nothing at all and take my chances?

Waking up in the recovery room, I waited to feel a sense of loss. It never happened. I felt wonderful! Best of all, the surgeons had found no sign of cancer. I felt light as a feather, a tremendous weight lifted from my spirit. After two days, I left the hospital, and I returned to work two weeks later.

Back home, I went shopping for new patio furniture and laughed as I picked out a set marked "Guaranteed to last a lifetime." For me, this finally meant a real, full-scale, decades-long life!

But there was still one more threat posed by my unruly gene. While my risk of breast cancer was now substantially reduced—in the small amount of tissue remaining after surgery—my BRCA-1 alteration meant that I still had a higher-than-average lifetime risk of ovarian cancer. Taking the Pill or becoming pregnant might have lowered those odds, but neither of the options was right for me. (The Pill contains estrogen, which contributes to breast-cancer risk, and I had decided not to become a mother.)

So less than a year after my mastectomies, I decided to have a hysterectomy and an oophorectomy (removal of the ovaries). However, I arranged to have my eggs frozen (a new option for any woman undergoing this procedure), just in case I ever change my mind about having children. Science has progressed so far that my eggs can later be unfrozen and fertilized, and the resulting embryos tested for BRCA-1 alterations. Then the normal embryos can be isolated and implanted into a surrogate who would carry the baby for me.

Unfortunately, our family had more difficult trials to face. My sister took the genetic test not long after I did and found that she, too, had the 185delAG alteration. It wasn't unexpected, but it was still a terrible blow for us. Then, about five months after my mastectomy, my father was diagnosed with an aggressive brain tumor. As we saw him through painful treatments and operations, my sister and I realized even more clearly that avoiding a battle with cancer was better than putting up a good fight. (Sadly, my father lost his battle last fall.)

So last year, with the support of her husband and son, my sister had a bilateral mastectomy, hysterectomy and an oophorectomy. As I sat by her bedside the night afterward, we were overwhelmed and humbled at the thought of not having the disease when so many others in this cancer institute did.

Genetic research is still going on, but women's choices have broadened as the BRCA-1 and BRCA-2 tests have become more widely available. I have no regrets about my decision to have the preventive surgery, especially since studies continue to support the option for women with family histories like mine. In the preliminary results of a thirty-three-year study involving high-risk women by the Mayo Clinic, the patients had a 91 percent reduction in breast-cancer incidence after undergoing bilateral prophylactic mastectomies.

Of course, I know that I could be hit by a bus tomorrow, or develop another form of cancer. Nothing in this life is certain. I put my fate in God's hands. But God, who has been an enormous source of comfort to me, also made me a scientist—one who is devoted to improving the quality of life through medicine.

I'm a different person now. My friends tell me they admire my courage, and they're happy about my new optimistic attitude. I turned forty in February, joyfully celebrating the milestone in Paris. For the first time, I'm making plans more than a year in advance and looking forward to life and love for decades to come.

No, I'm not trying to live forever. I believe there are some things worth dying for. I just don't believe that breast cancer is one of them. ●

The Genetics & IVF Institute offers the BRCA-1 and BRCA-2 tests to all women of Ashkenazic ancestry, with or without a family history of breast or ovarian cancer. Tests (which cost $295, including counseling) can be performed at the Institute or through a personal physician. For more information, call 800-552-4363. The Institute also has a Web site: www.gifv.com.

Non-Jewish women who have a strong family history of breast cancer should ask their doctors whether the broader-range BRCA tests are advisable for them.

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Lucy loves Ricky

Is Your Marriage Normal?

Are you and your husband typical when it comes to married life? We asked couples to tell us all about their relationships. Find out how your marriage measures up. By Bernice Kanner

More Than Just A Kiss

Most couples are downright cuddly. More than half say they hug or kiss "anytime they have a chance," while 36 percent get affectionate at least three times a day.

Who buys the toilet paper?

She does (surprise, surprise). Sixty-seven percent of wives say they do all the grocery shopping—toilet paper included.

HOW MAD DOES HE MAKE YOU?


The War of the Roses

Seventeen percent of couples say they have thrown something at their offending mate. More than a third have slept apart from each other at least once because of a fight.

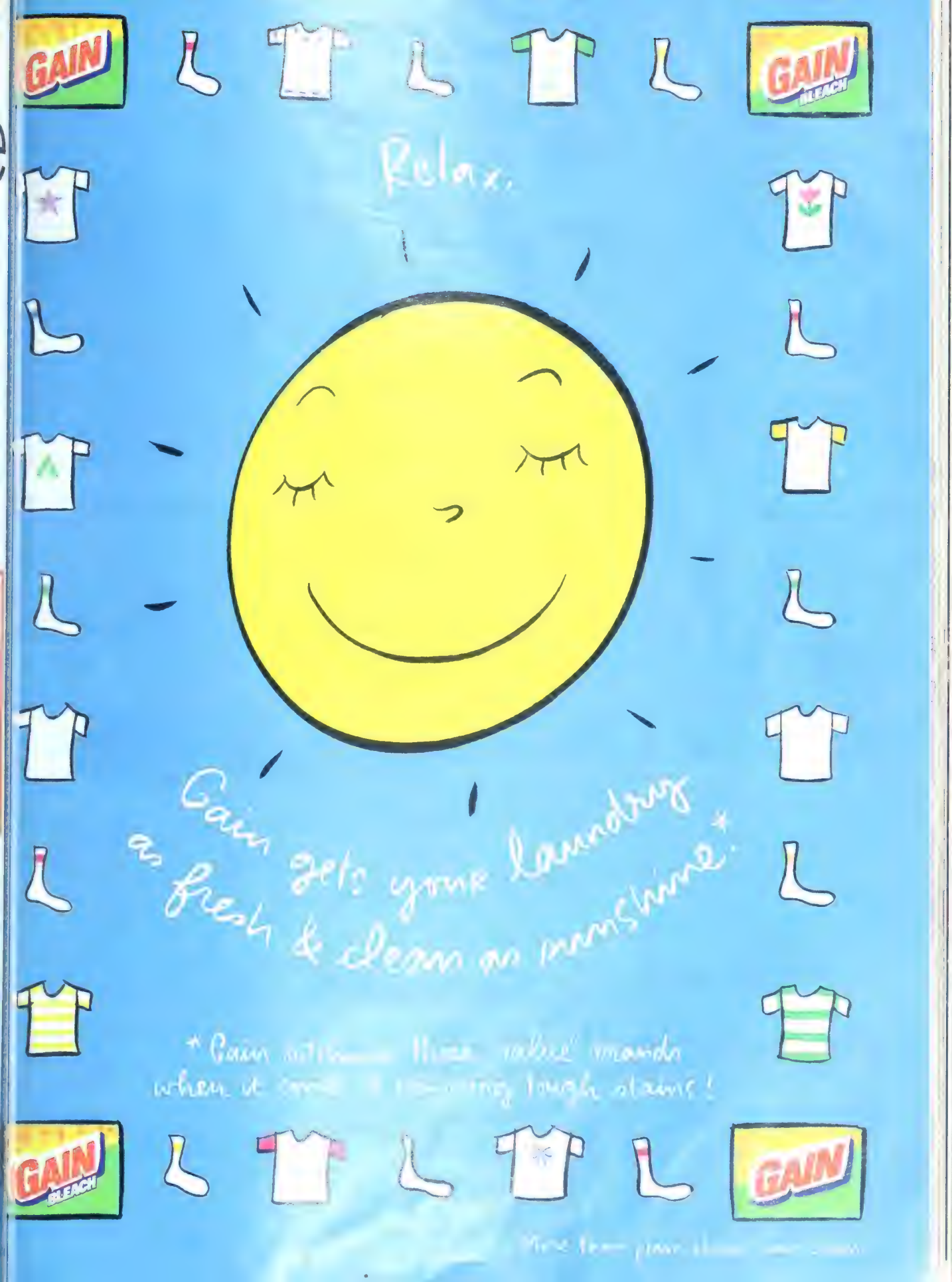
THE LAST TABOO When it comes to money, some couples have trouble sharing. Three out of ten husbands and wives have no idea how much their mates make.


Dagwood and Blondie brood

The Silent Treatment

For most couples, a big fight often ends in prolonged silence. Thirty-one percent say they don't talk to their mate for at least an hour after a blowup, and 21 percent are quiet for a day or more. But others just can't stay mad: Nineteen percent keep mum for about five minutes, and 26 percent never stop talking at all.

Much of the information in this story is based on a survey conducted by Cyber Dialogue, a marketing research firm. To make your opinions count, visit the Cyber Dialogue Web site and join the participant panel at *www.cyberdialogue.com.*


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Edith and Archie Bunker

THE LANGUAGE OF LOVE

More than half of us (53 percent) tell our mates we love them once a day or more. Fifteen percent declare their love weekly, and 2 percent do it once a month. Sadly, 4 percent rarely say "I love you," and 23 percent never do.

Checks & Balances

Financially, wives are the boss. Three out of five say they're solely responsible for balancing the checkbook, and 56 percent are in charge of paying the bills. Thirty-eight percent completely control the family budget.

don't blame it on the kids

More than three quarters of couples say they're most likely to fight when one of them is in a bad mood. Forty-four percent say their own grouchiness sparks most marital spats; 32 percent blame it on their partner's bad attitude. But the kids are all right: Only 13 percent of parents say their children's crankiness causes a fight.

What Couples Hide From Each Other

There isn't much we don't tell our mates: An astonishing 69 percent say that nothing is secret in their marriages. Of those who are less than truthful, 11 percent say they would keep quiet if they had more money than their partner thought they did, 10 percent would not come clean about an affair and 6 percent would keep their weight top secret.

Unfaithfully Yours

Almost one in three husbands and wives has cheated on his or her spouse. Surprisingly, the majority of women say their lovers are better in bed than their husbands, while most unfaithful men actually prefer their wives. But neither sex would characterize their trysts as affairs of the heart; in fact, 66 percent of men and 57 percent of women admit they don't love their extramarital partners.



Clint Eastwood and Meryl Streep in *The Bridges of Madison County*

UP CLOSE AND PERSONAL Some 45 percent of couples say they'd share each other's toothbrush without a second thought. Thirty-six percent would do so only in an emergency, and 19 percent never would.

For Adults Only

Almost one in five couples say they use pornographic material to spice up their sex lives. Twenty-two percent have watched an erotic video.



Rosie O'Donnell and Dan Aykroyd in *Exit to Eden*

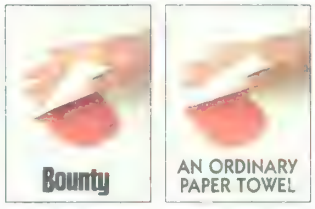
SEX APPEAL Most couples make love six times a month. But not everyone is satisfied with the frequency: One third of men and 25 percent of women would like to get amorous at least twice as often.

Bernice Kanner is a columnist for Bloomberg Business News and the author of "Are You Normal?" (St. Martin's Press, 1995).

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Will The New Tax Laws Save You Money?

By Janine S. Pouliot

Although most of the changes mandated by the new Taxpayer Relief Act won't be applicable until you file your 1998 return, you need to plan *now* to take advantage of them later



Don't wait until the last minute to find out how the new tax laws will affect you

Q: My family will be moving in with my recently widowed mother, so I'll be selling my house later this year. Do I have to pay taxes on the profit if I don't buy another home?

a: Probably not. Under the previous law, to shelter the profit on the sale of a house, you had to reinvest the money by buying another home—unless you were fifty-five or older, notes Karen Yeager, tax research department supervisor at H&R Block Tax Services, Inc. At that age, you were allowed to exclude up to $125,000 of any gain on your tax form. But all that's changed. Beginning in 1998, if you sell a home in which you have lived for two out of the last five years, you don't have to pay any taxes on a gain of up to $500,000 for a joint return. And age no longer matters. One other benefit: Before, the tax break was available only once in a lifetime. Now, you can take the exclusion over and over, provided you meet the two-out-of-five years requirement.

Q: I'd like to put some money away for retirement. What new tax breaks are available to me?

a: The new legislation allows you to select between two types of Individual Retirement Accounts (IRA), and gives more taxpayers a chance to contribute. The traditional IRA, which allowed you to make a contribution of up to $2,000 annually and deduct the amount on your taxes, imposed many restrictions, says Beanna Whitlock, an enrolled agent and member of the IRS Commissioner's Advisory Group. If either spouse was covered by an employee-sponsored retirement plan and the couple earned a combined $50,000, neither one could claim a tax deduction. Now, it no longer matters whether one spouse is covered—each is entitled to his or her own IRA deduction, and the income bracket has been raised to $160,000 per couple. Taxes on the contributions and accumulated earnings are paid when the money is withdrawn. Another new twist: For the first time, an unemployed spouse can contribute $2,000 to his or her own IRA and claim a tax deduction as well. The second type of IRA, the Roth IRA, lets you make an after-tax contribution of up to $2,000. However, you never pay tax on the interest, even when it's withdrawn at retirement. If you amass a large nest egg over time, you could benefit greatly from this option.

Q: I have two children and am expecting a third later this year. Doesn't the new tax law give parents some extra breaks?

a: Depending on your income level, the Child Tax Credit will allow some parents to claim a $400 tax credit for each dependent child under the age of seventeen, in addition to the regular exemptions parents have always been offered on Form 1040, notes Whitlock. And because this is a credit, you subtract the amount from your total tax liability, which can result in significant savings. However, even though it is conceivable that the credit could reduce some families' taxes to zero and entitle them to money back from the government, you have to have more than two kids for this to happen, and will need to complete a secondary calculation on the tax form to assure that you qualify.

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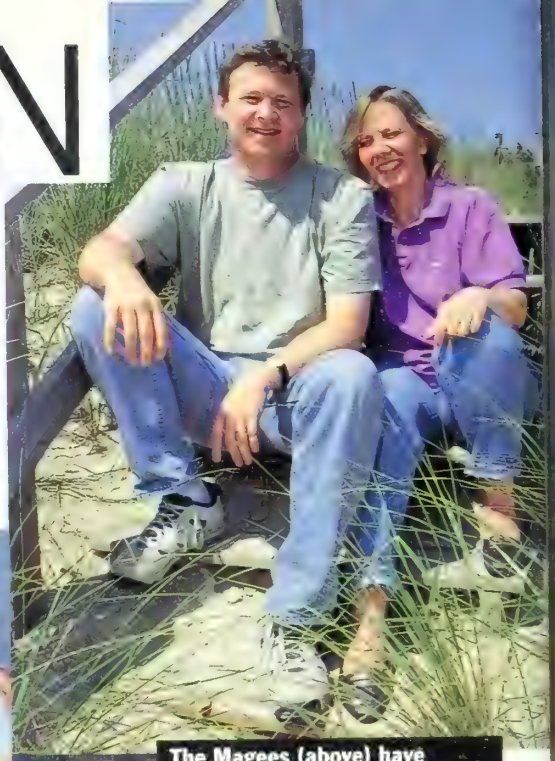
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OPERATION SMILE

Bill and Kathy Magee don't just fix children's medical problems—**THEY CHANGE LIVES** By Bob Trebilcock







The Magees (above) have devoted their lives to helping children like Cristiane Silva (left, before and after the surgery that corrected her cleft lip). Doctors all over the world volunteer for missions

The first thing you notice about fourteen-year-old Cristiane Silva isn't her dark-brown eyes or her glossy ponytail. It's her smile—wide and genuine, but marred by a jagged cleft lip.

But her cleft palate—a hole in the roof of her mouth—is a more serious problem. When she speaks, air travels up the gap and out her nose, making her words hard to understand. The defect has marked her life from the day she was born, when she was abandoned by her mother. Benedita Monteiro Magalnães, a poor widow, adopted her and a dozen other children from the shantytowns of Fortaleza, the capital of the Brazilian state of Ceará. Embarrassed by her looks and speech, Cristiane has not attended school since she was six.

On this Friday afternoon in August, Cristiane sits with Benedita in the pre-op room of the Albert Sabin Children's Hospital, in Fortaleza. With them is Kathy Magee, a fifty-two-year-old former pediatric nurse and clinical social worker from Virginia. Kathy and her husband, Bill, a plastic surgeon, are the founders of Operation Smile, a medical organization that gives children with facial abnormalities a chance at a normal life.

For Kathy, Operation Smile is not just her job—it's her life. And she doesn't hesitate to go the extra mile for a young patient. Bill and his colleagues say they have only enough time to repair Cristiane's upper lip before they leave tomorrow, but Kathy hopes to persuade them to repair the girl's palate, too.

Bill has seen her pull out the stops like this hundreds of times. Sometimes, he says, an entire mission comes down to one child. "And if we have to suspend everything else because a child's life is on the line," he says, "we'll do it."

A LIFELONG MISSION

Operation Smile is one of the largest privately funded volunteer medical groups in the U.S. With a cash budget of $12.6 million per year, the organization delivers an estimated $28 million worth of medical services. Last year, Operation Smile conducted thirty-eight missions in fifteen countries, including Colombia and Russia. For 1998, the organization is planning forty-six missions in seventeen countries. And in 1999, the group will conduct "Smiles of Hope," a massive effort to repair the faces of five thousand children worldwide.

There are Operation *(continued)*



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Smile chapters in more than twenty-four U.S. cities, with twenty-eight thousand volunteers and sixty paid staffers. The mission coordinators work with the hospitals and health departments in the countries where the organization has international chapters. Funding comes from a variety of sources, large and small, including corporate donors who provide supplies and money, civic organizations, foundation grants, fund-raising events and individual donors.

Doctors must pass an application process and pay a team fee of $350 (for mission expenses). After sixteen years, the organization is in the enviable position of having plenty of willing volunteers.

Bill donates 150 surgical days a year to this work, and he and Kathy spend about twenty weeks a year traveling on missions. Neither has ever taken a dime in compensation, and both plan to stay active in Operation Smile as long as they can.

While the Magees and Operation Smile have been celebrated for their efforts, including an audience with the Pope and the $1 million Conrad N. Hilton Humanitarian Prize, the philosophy behind the organization "isn't so deep," says Bill. "We fix the hole in your face and give you a start. You have to do the rest."

A NEVER-ENDING NEED

Bill and Kathy have known each other forever. They grew up in Fort Lee, New Jersey, and started dating in high school. In 1968, while Bill was a junior in dental school and Kathy was working as a pediatric nurse, they married.

Children followed: Brigette, now twenty-nine; Billy, twenty-seven; Todd, twenty-six; Trevor, twenty-four; and Kristie, twenty-two. For four years, Bill practiced dentistry at night and attended medical school during the day. Then he did surgical training in the U.S. and Europe before setting up a pediatric reconstructive plastic-surgery practice in Norfolk, Virginia.

In December 1981, Bill and Kathy were invited on a medical mission to the Philippines, and Brigette came along as an assistant. The doctors repaired the faces of forty kids, but had to turn away more than two hundred others.

A year later, the Magees had raised enough money to return to the Philippines with friends and funding from the Norfolk medical community. But according to the couple, about one out of every five hundred children in developing nations has a facial deformity (nearly double the U.S. rate), stemming from genetic, environmental and nutritional factors. Once again, the Magees had to turn away hundreds of patients; once again, they vowed to return. As they kept that promise year after year, Operation Smile expanded and flourished.





Dr. Tom Gant and the rest of the medical team screen children to determine who is eligible for surgery. The names are posted and read aloud as families wait hopefully

Though Bill and Kathy live comfortably on the income from his practice, their Operation Smile work has changed their values and priorities. "When you go home from a mission, your every day is different because things that meant so much to you don't mean as much," says Kathy. "Instead, you begin to focus on what's important."

So close is the Magee family that three of the siblings share a house in a suburb of Washington, D.C.: Trevor, a pre-med student; Billy, a dentist studying plastic surgery; and Brigette, a psychology associate, plus her husband and baby son. (Todd is in law school; Kristie is a nursing student.)

The children are committed to carrying on the Operation Smile tradition. "It's important that we kids have a formal role in the organization," explains Brigette. "It's already so big that it could start to lose its intimacy, and the way to save that intimacy is to keep the family in on the big decisions."

TWO WEEKS OF HOPE

Watching an Operation Smile mission come together is a remarkable experience. For this trip, an advance group of twenty-three anesthesiologists, surgeons, nurses and support staff meets for the first time in Fortaleza, a tropical city of two million on Brazil's northeastern coast. The Magees and the rest of the team will arrive four days from now; there will be thirty-eight U.S. volunteers in all, and a team of twenty-three from Brazil, including leading surgeons from São Paulo and Rio de Janeiro.

Early Thursday morning, the advance team goes to the children's hospital to screen potential patients and select the 150 who will undergo surgery. Two hundred fifty children wait with their parents and grandparents. The families have come from all over Ceará, a poor state where most people work as field laborers. *(continued on page 124)*



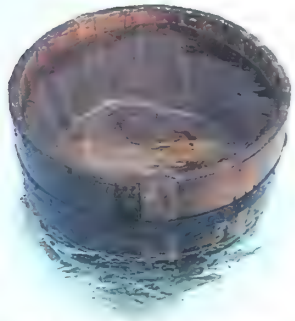
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EMARIN offers you many benefits. It relieves e symptoms of menopause. The t flashes that can disrupt your ys. The night sweats that can errupt your sleep and make you ed and irritable the next day. The ginal dryness that can be uncom- table and interfere with sexual inti- acy. These symptoms may return you stop taking your PREMARIN. EMARIN also helps to prevent bone ss by protecting against osteo- rosis, and helps to ensure you'll ay active in the years to come.



EMARIN has earned your confidence. PREMARIN s been prescribed for more than 50 years. The ost studied of all estrogens, PREMARIN has earned e confidence of generation after generation of omen all over the world. Today, PREMARIN is taken more than 9,000,000 women in the U.S. alone. the 40 billion tablets sold, not one has been called. Ever.

ew research keeps PREMARIN at the forefront. scoveries in medical science continue to reveal ldditional benefits of PREMARIN throughout enopause—and beyond. For example, in recent ars it was learned that PREMARIN increases your vels of "good" cholesterol (HDLs) and decreases ur levels of "bad" cholesterol (LDLs). And more being learned every day.

New research into estrogen loss and the effects of menopause. Wyeth-Ayerst, the maker of PREMARIN, has established the Women's Health Research Institute (WHRI). WHRI is dedicated to the discovery and development of medicines that help women live longer, healthier lives, and to ongoing research into the effects of estrogen loss and estrogen replacement therapy. A heritage of confidence... a commitment to your future. Good reasons why PREMARIN is an important part of your life...now more than ever.

There can be side effects with hormones. One side effect of estrogen replacement therapy is the possibility of developing cancer of the uterus. If you have had a hysterectomy, you don't have this risk. Adding the hormone progestin to your estrogen greatly reduces this risk.

When you discuss hormone replacement therapy with your doctor or health care provider, be sure to discuss your personal and family history of breast cancer, breast lumps, abnormal vaginal bleeding, abnormal blood clotting, or heart disease. Women who are pregnant should not take hormone replacement therapy because of possible risk to the fetus.

If you have any questions about your PREMARIN prescription, speak with your doctor or health care provider.

Please be sure to read the important information on the following page.

Taking my PREMARIN is something I do for myself every day. PREMARIN will continue to be my estrogen, now, more than ever.

For me, it's PREMARIN®

conjugated estrogens tablets, USP) 0.625 mg

...rance of the Premarin tablet is a trademark of Wyeth-Ayerst Laboratories

BRIEF SUMMARY OF PRESCRIBING INFORMATION FOR THE PATIENT

PREMARIN® Brand of conjugated estrogens tablets, USP

ESTROGEN DRUGS

risks of estrogens are acceptable in view of their benefits. If you decide to start taking estrogens, check with your doctor to make sure you are using the lowest possible effective dose. The length of treatment with estrogens will depend upon the reason for use. This should also be discussed with your doctor.

USES OF ESTROGEN

To reduce menopausal symptoms. Estrogens are hormones produced by the ovaries. The decrease in the amount of estrogen that occurs in all women, usually between ages 45 and 55, causes the menopause. Sometimes the ovaries are removed by an operation, causing "surgical menopause." When the amount of estrogen begins to decrease, some women develop very uncomfortable symptoms, such as feelings of warmth in the face, neck and chest or sudden intense episodes of heat and sweating ("hot flashes"). The use of drugs containing estrogens can help the body adjust to lower estrogen levels.

Most women have none or only mild menopausal symptoms and do not need estrogens. Other women may need estrogens for a few months while their bodies adjust to lower estrogen levels. The majority of women do not need estrogen replacement for longer than six months for these symptoms.

To prevent brittle bones. After age 40, and especially after menopause, some women develop osteoporosis. This is a thinning of the bones that makes them weaker and more likely to break, often leading to fractures of vertebrae, hip and wrist bones. Taking estrogens after the menopause slows down bone loss and may prevent bones from breaking. Eating foods that are high in calcium (such as milk products) or taking calcium supplements (1,000 to 1,500 milligrams per day) and certain types of exercise may also help prevent osteoporosis.

Since estrogen use is associated with some risk, its use in the prevention of osteoporosis should be confined to women who appear to be susceptible to this condition. The following characteristics are often present in women who are likely to develop osteoporosis: white race, thinness, and cigarette smoking.

Women who had their menopause by the surgical removal of their ovaries at a relatively young age are good candidates for estrogen replacement therapy to prevent osteoporosis.

To treat atrophic vaginitis (itching, burning, dryness in or around the vagina).

To treat certain cancers.

WHEN ESTROGENS SHOULD NOT BE USED

Estrogens should not be used:

During pregnancy. Although the possibility is fairly small, there is a greater risk of having a child born with a birth defect if you take estrogens during pregnancy. A male child may have an increased risk of developing abnormalities of the urinary system and sex organs. A female child may have an increased risk of developing cancer of the vagina or cervix in her teens or twenties. Estrogen is not effective in preventing miscarriage (abortion).

If you are breast feeding. Many drugs are excreted in human milk and can be passed on to your baby. Therefore, estrogen therapy should be used only when your doctor decides it is clearly necessary.

If you have had any heart or circulation problems. Estrogen therapy should be used only after consultation with your physician and only in recommended doses. Patients with a tendency for abnormal blood clotting should avoid estrogen use. This includes patients who currently have clots in the leg (thrombophlebitis), or any other part of the body (thromboembolic disorder). (See below.)

If you have had undiagnosed vaginal bleeding. If you have ever had abnormal bleeding from the vagina, estrogens should not be used unless you have talked to your physician about this problem.

If you have had cancer. Since estrogens increase the risk of certain cancers, you should not take estrogens if you have ever had cancer of the breast or uterus. In certain situations, your doctor may choose to use estrogen in the treatment of breast cancer.

When they are ineffective. Sometimes women experience nervous symptoms or depression during menopause. There is no evidence that estrogens are effective for such symptoms. You may have heard that taking estrogens for long periods (years) after menopause will keep your skin soft and supple and keep you feeling young. There is no evidence that this is so and such long-term treatment may carry serious risks.

DANGERS OF ESTROGENS

Cancer of the uterus. The risk of cancer of the uterus increases the longer estrogens are used and when larger doses are taken. One study showed that when estrogens are discontinued, this increased risk of cancer seems to fall off quickly. In another study, the persistence of risk was demonstrated for 10 years after stopping estrogen treatment. Because of this risk, *it is important to take the lowest effective dose of estrogen and to take it only as long as you need it.* There is a higher risk of cancer of the uterus if you are overweight, diabetic, or have high blood pressure.

If you have had your uterus removed (total hysterectomy), there is no danger of developing cancer of the uterus. If you have your uterus, please refer to the section titled **"OTHER INFORMATION."**

Cancer of the breast. The majority of studies have shown no association with the usual doses used for estrogen replacement therapy and breast cancer. Some studies have suggested a possible increased incidence of breast cancer in those women taking estrogens for prolonged periods of time and especially if higher doses are used.

Regular breast examinations by a health professional and self-examination are recommended for women receiving estrogen therapy, as they are for all women.

Gallbladder disease. Women who use estrogens after menopause are more likely to develop gallbladder disease needing surgery than women who do not use estrogens.

Abnormal blood clotting. Taking estrogens may increase the risk of blood clots. These clots can cause a stroke, heart attack or pulmonary embolus, any of which may be fatal.

Heart disease. Large doses of estrogen in men have been shown to increase the risk of certain heart diseases. This may not necessarily be true in women. In order to avoid the theoretical risk of high doses, the dose of estrogen you take should not exceed the dose recommended by your doctor.

Excess calcium in the blood. Taking estrogens may lead to severe hypercalcemia in women with breast and/or bone cancer.

SIDE EFFECTS

In addition to the risks listed above, the following side effects have been reported with estrogen use:

- Nausea, vomiting, pain, cramps, swelling, or tenderness in the abdomen
- Yellowing of the skin and/or whites of the eyes
- Breast tenderness or enlargement
- Enlargement of benign tumors of the uterus
- Breakthrough bleeding or spotting
- Change in amount of cervical secretion
- Vaginal yeast infections
- Retention of excess fluid. This may make some conditions worsen, such as asthma, epilepsy, migraine, heart disease, or kidney disease
- A spotty darkening of the skin, particularly on the face, reddening of the skin, skin rashes
- Worsening of porphyria
- Headache, migraines, dizziness, faintness, or changes in vision (including intolerance to contact lenses)
- Mental depression
- Involuntary muscle spasms
- Hair loss or abnormal hairiness
- Increase or decrease in weight.
- Changes in sex drive
- Possible changes in blood sugar.

REDUCING RISK OF ESTROGEN USE

If you decide to take estrogens, you can reduce your risks by carefully monitoring your treatment:

See your doctor regularly. While you are taking estrogens, it is important that you visit your doctor at least once a year for a physical examination. Special attention should be given to blood pressure, breasts, abdomen, and pelvic organs. A Pap smear should be taken and tested at this visit. If members of your family have had breast cancer or if you have ever had breast nodules or an abnormal mammogram (breast x-ray), you may need to have more frequent breast examinations. Also be sure to let your doctor know if you have ever had liver or kidney disease, as this may affect the decision to use estrogen.

Reevaluate your need for estrogens. You and your doctor should reevaluate your need for estrogens at least every six months.

Be alert for signs of trouble. Report these or any other unusual side effects to your doctor immediately:

- Abnormal bleeding from the vagina
- Pains in the calves or chest, a sudden shortness of breath or coughing blood (indicating possible clots in the legs, heart, or lungs)
- Severe headache, dizziness, faintness, or changes in vision, indicating possible clots in the brain or eye.
- Breast lumps.
- Yellowing of the skin and/or whites of the eyes
- Pain, swelling, or tenderness in the abdomen

OTHER INFORMATION

Some physicians may choose to prescribe another hormonal drug to be used in association with estrogen treatment for women with a uterus. These drugs, progestins, have been reported to lower the frequency of occurrence of a possible precancerous condition of the uterine lining. Whether this will provide protection from uterine cancer has not been clearly established. There are possible additional risks that may be associated with the inclusion of a progestin in estrogen treatment. The possible risks include unfavorable effects on blood fats and sugars. The choice of progestin and its dosage may be important in minimizing these effects.

Your doctor has prescribed this drug for you and you alone. Do not give the drug to anyone else.

If you will be taking calcium supplements as part of the treatment to help prevent osteoporosis, check with your doctor about the amounts recommended.

Keep this and all drugs out of the reach of children. In case of overdose, call your doctor, hospital, or poison control center immediately.

This Summary provides the most important information about estrogens. If you want to read more, ask your doctor or pharmacist to let you read the professional labeling.

This Brief Summary for Direct-to-Consumer Advertising is based on the most current Premarin Tablets Direction Circular, CI 3908-9, Revised May 21, 1997.

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WAPR-0531

World Leadership in Women's Health Care

WYETH-AYERST LABORATORIES
Philadelphia, PA 19101

71338-00

OPERATION SMILE

Continued from page 120

The children's stories are heartrending. Fatima Galvão Rodrigues has come with her nine-year-old son, Antonio, whose front teeth jut through the space where his upper lip should be. "He's discriminated against at school," his mother explains. "They call him 'Broken Teeth' and 'Deformed Mouth' and other names that are so bad I won't repeat them."

Children like Antonio are pariahs in societies like this. On a practical level, cleft lips and palates make it hard to speak or eat. Although these facial abnormalities are the focus of Operation Smile's work, some youngsters come to be treated for burns, malformed eyes or noses, facial nerve damage and other problems. The organization occasionally takes on adult cases, too; they once removed a thirty-seven-pound tumor from the face of a Filipino woman.

Whatever the patient's age, corrective surgery can restore a life as well as a smile. Babies newly able to drink formula grow and thrive; older children make friends and finish school; teenagers begin dreaming of marriage—and more. Perhaps thinking of the miracles Operation Smile performs, Cristiane Silva tells Kathy, "I want to be a doctor."

Over the course of three days, the surgeons, led by Seattle plastic surgeon Tom Gant, M.D., evaluate potential patients and make their selections based on the age and health of the children and the complexity of the operations needed. Then the list of selected patients is posted on Saturday evening and also read aloud, for the benefit of the many parents and children who are illiterate. *(continued)*

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COAST TO COAST



(back row, from left) Billy, Kristie, Brigette and Trevor are following in their parents' footsteps

"After a mission, your every day is different. You focus on what's important," says Kathy

OPERATION SMILE

Continued

The announcements are met with joyful shrieks, smiles and prayers. When Cristiane hears her name called, she grins broadly and dances with one of the anesthesiologists.

Another hundred children are not so fortunate. Near the hospital entrance, a crowd gathers around Fatima Rodrigues, who has collapsed on the sidewalk, wailing in anguish because Antonio's name isn't on the list. Team members urge her to come back with him after the weekend. Maybe there will be a cancellation, they say, and Antonio can have his operation. On Monday, that's exactly what happens.

"I WILL NEVER FORGET WHAT YOU'VE DONE FOR ME"

The relatively easy screening schedule turns into the grueling surgical week—a marathon of fifteen- and sixteen-hour days. The doctors perform 143 procedures on 138 children, just twelve short of their goal.

Cristiane will be the final patient. Her cleft lip can be easily repaired, but Bill and Tom Gant are reluctant to take on the more complicated job of fixing her palate. She would have had the surgery earlier in the week, if not for an ear infection that required a five-day course of antibiotics.

When Cristiane's name is called, she and her mother hug Kathy. "I will never forget what you've done for me," the teenager says. At the entrance to the operating corridor, Kathy makes one last appeal. "You have to do her palate," she begs. "She's fourteen years old, Tom. Make believe she's your daughter. She can't wait another year."

The surgeons sympathize, but Gant is worried about the risk of bleeding and other post-op complications. He knows they won't be there if something goes wrong. Bill agrees, and Kathy defers to their judgment.

Gant begins the operation. Less than two hours later, Cristiane's upper lip is puffy, but the gaps are gone. In a month, the swelling will disappear, and the tension of the reconstructed lip will begin pushing her teeth into alignment.

Kathy gets permission from a nurse to break the rules just this once and bring Benedita into the recovery room. Cristiane groggily gives the thumbs-up sign, then falls asleep again. Benedita raises her wrinkled hands and sobs, "I thank God that He brought you here to save my child. I will never forget you." One by one, the doctors and nurses hug her and fight back their tears.

Although Kathy has experienced this scene hundreds of times, she still can't hide her emotions. "Here's this kid, she can hardly move after surgery, and she and her mother are thanking you for giving her a chance to be part of society," she says. "That's why I do what I do every day." And yet, Kathy won't be content until this girl's mouth is completely repaired. "I will make sure that Cristiane is there when we come back," she says. "And we will come back." ●

Bob Trebilcock writes for Reader's Digest and other publications.

RIMADYL®

(carprofen)

Caplets

Non-steroidal anti-inflammatory drug

For oral use in dogs only

CAUTION: Federal law restricts this drug to use by or on the order of a licensed veterinarian.

DESCRIPTION: Rimadyl (carprofen) is a non-steroidal anti-inflammatory drug (NSAID) of the propionic acid class that includes ibuprofen, naproxen and ketoprofen.

INDICATIONS: Rimadyl is indicated for the relief of pain and inflammation in dogs. Rimadyl was shown to be clinically effective for the relief of signs associated with osteoarthritis in dogs.

DOSAGE AND ADMINISTRATION: The recommended dosage for oral administration in dogs is 1 mg/lb of body weight twice daily. Caplets are scored and dosage should be calculated in half-caplet increments.

CONTRAINDICATIONS: Rimadyl should not be used in dogs exhibiting previous hypersensitivity to carprofen.

PRECAUTIONS: As a class, cyclo-oxygenase inhibitory NSAIDs may be associated with gastrointestinal and renal toxicity. Effects may result from decreased prostaglandin production and inhibition of the enzyme cyclo-oxygenase which is responsible for the formation of prostaglandins from arachidonic acid. When NSAIDs inhibit prostaglandins that cause inflammation they may also inhibit those prostaglandins which maintain normal homeostatic function. These anti-prostaglandin effects may result in clinically significant disease in patients with underlying or pre-existing disease more often than in healthy patients. NSAID therapy could unmask occult disease which has previously been undiagnosed due to the absence of apparent clinical signs. Patients with underlying renal disease for example, may experience exacerbation or decompensation of their renal disease while on NSAID therapy.

Carprofen is an NSAID, and as with others in that class, side effects may occur with its use. The most frequently reported effects have been gastrointestinal signs. Events involving suspected renal, hematologic, neurologic, dermatologic, and hepatic effects have also been reported. Patients at greatest risk for renal toxicity are those that are dehydrated, on concomitant diuretic therapy, or those with renal, cardiovascular, and/or hepatic dysfunction. Since many NSAIDs possess the potential to induce gastrointestinal ulceration, concomitant use of Rimadyl with other anti-inflammatory drugs, such as corticosteroids and NSAIDs, should be avoided or very closely monitored. Sensitivity to drug-associated adverse events varies with the individual patient. For example, Rimadyl treatment was not associated with renal toxicity or gastrointestinal ulceration in well-controlled safety studies of up to ten times the dose in dogs.

Since a significant number of patients receiving Rimadyl are older dogs, it is advisable to conduct a geriatric examination and to consider appropriate laboratory tests to establish hematological and serum biochemical baseline data prior to administration of any NSAID. Periodic monitoring may be appropriate in certain patients. **Owners should be advised to watch for signs of drug intolerance, such as inappetence, vomiting, diarrhea, melena, PU/PD, anemia, jaundice, lethargy, ataxia, seizure, or behavioral changes** (See Adverse Reactions section.) Recognition of possible drug-related clinical signs or impairment, withdrawal of the drug, and supportive therapy if appropriate, has resulted in recovery of the vast majority of patients. The side effects of this drug class, in rare situations, may be serious and if corrective action is not taken may result in hospitalization and even fatal outcomes.

Rimadyl is not recommended for use in dogs with bleeding disorders (e.g., Von Willebrand's disease), as safety has not been established in dogs with these disorders. The safe use of Rimadyl in pregnant dogs, dogs used for breeding purposes, or in lactating bitches has not been established. Studies to determine the activity of Rimadyl when administered concomitantly with other protein-bound drugs have not been conducted. Drug compatibility should be monitored closely in patients requiring additional therapy.

WARNINGS: Keep out of reach of children. Not for human use. Consult a physician in cases of accidental ingestion by humans. **For use in dogs only.** Do not use in cats.

ADVERSE REACTIONS: During investigational studies, no clinically significant adverse reactions were reported. Some clinical signs were observed during field studies (n=297) which were similar for carprofen- and placebo-treated dogs. Incidences of the following were observed in both groups: vomiting (4%), diarrhea (4%), changes in appetite (3%), lethargy (1.4%), behavioral changes (1%), and constipation (0.3%). The product vehicle served as control.

The following occasionally occurring adverse drug reactions have been reported in association with the clinical use of Rimadyl:

Gastrointestinal: *Vomiting, diarrhea, inappetence, melena, hematemesis, gastrointestinal ulceration.*

Behavioral: *Sedation, lethargy, hyperactivity, restlessness, aggressiveness.*

Hepatic: *Inappetence, vomiting, jaundice, acute hepatic toxicity, hepatic enzyme elevations, abnormal liver function tests, hyperbilirubinemia, hyperbilirubinuria, hypoalbuminemia. Approximately one-third of hepatic reports were in Labrador Retrievers.*

Renal: *Hematuria, polyuria, polydipsia, urinary incontinence, urinary tract infection, azotaemia, acute renal failure, tubular abnormalities including acute tubular necrosis, renal tubular acidosis, glucosuria.*

Neurologic: *Ataxia, paresis, paralysis, seizures, vestibular signs.*

Hematologic: *Immune-mediated hemolytic anemia, immune-mediated thrombocytopenia, blood loss anemia.*

Dermatologic: *Pruritus, increased shedding, alopecia, pyotraumatic moist dermatitis (hot spots), necrotizing panniculitis/vasculitis, ventral ecchymosis.*

Immunologic or hypersensitivity: *Facial swelling, hives, erythema.*

To report suspected adverse reaction call 1-800-366-5288.

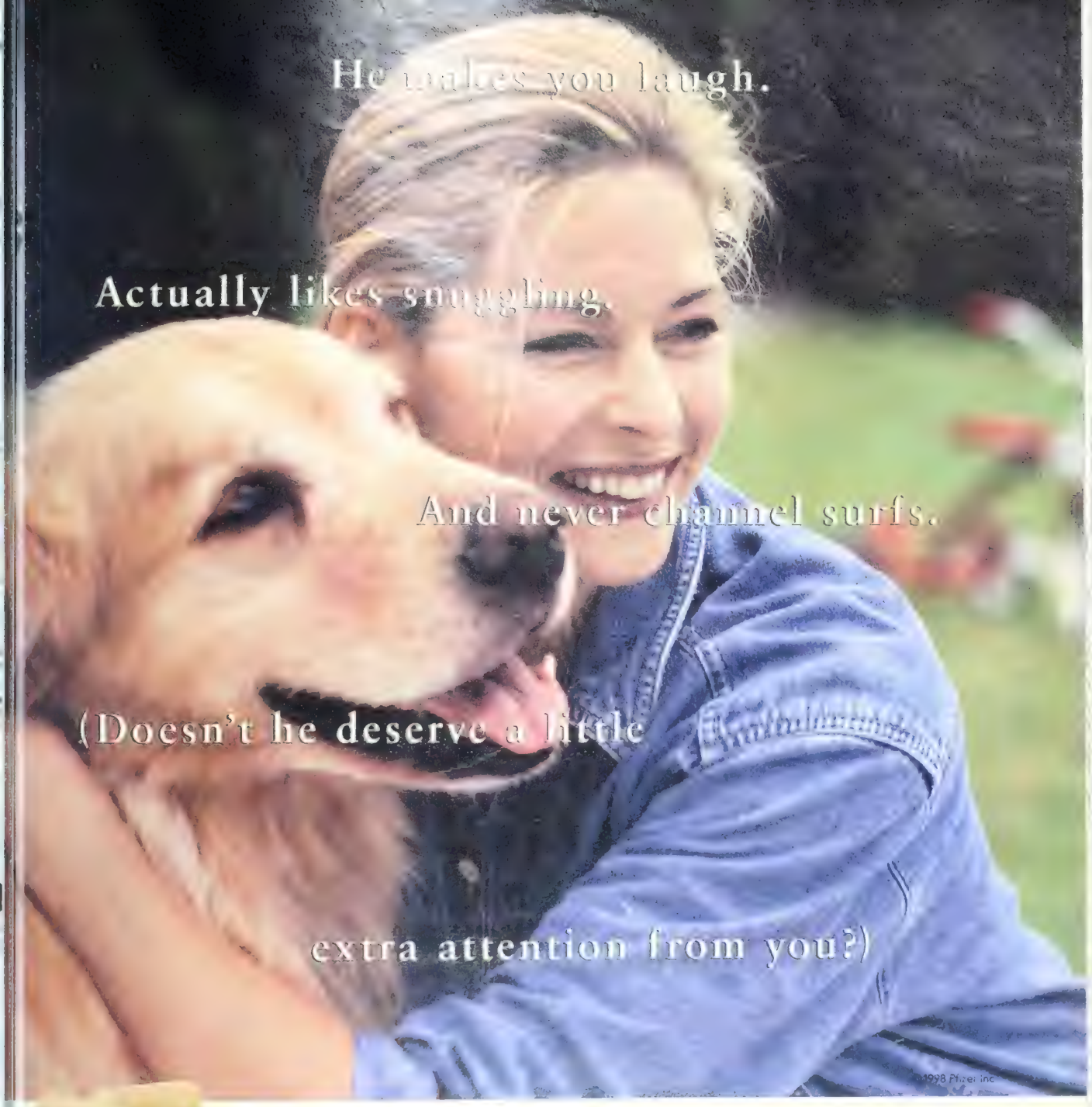
STORAGE: Store at controlled room temperature 15°–30°C (59°–86°F).

HOW SUPPLIED: Rimadyl caplets are scored, and contain 25 mg, 75 mg, or 100 mg of carprofen per caplet. Each caplet size is packaged in bottles containing 100 or 250 caplets.

To obtain technical assistance, call 1-800-366-5288.

Pfizer Animal Health

NADA #141-053, Approved by FDA



Real Relief™ from arthritis pain.

Stiffness. Aching joints. Difficulty running, jumping or climbing stairs. These are just a few signs of arthritis that Rimadyl (carprofen) can help dogs overcome. But they can't do it without you. So pay attention to your dog after normal activity. If you notice a loss of mobility or energy level, find out how Rimadyl has helped more than half a million dogs remain active family members.[1] Ask your veterinarian, or call 1-800-720-DOGS.



See brief summary on adjacent page for important information

1. Proprietary market research, 1997. Veterinary surveyed [illegible]

Pfizer **Animal Health**

www.rimadyl.com





BEFORE & AFTER

Tablescaping

By employing some basic design principles—grouping similar objects, juxtaposing items of differing scale—you can turn a messy tabletop into an artful display. Here, stacked books and a collection of decorative wooden boxes are neatly arranged and offset by a tall plant (a large vase or sculpture would also work well).

HOME FACT Mom would not be proud. According to a University of Maryland study, 81 percent of female baby boomers say their homes aren't as clean as their mothers' were. In fact, harried homeowners spend about ten fewer hours each week doing housework than people did two decades ago.

Turn Trash to Treasure

Devastated that your best china has been damaged? Don't go to pieces. There are creative ways to fix your treasures, or turn them into new ones. WIEBOLD INC. (800-321-2541), an art and antiques restoration company in Cincinnati, repairs china, porcelain, brass, bronze, silver and pewter at reasonable prices (starting at about $40). Mangled flatware? Wiebold can reset knife blades, replace broken-off shanks and remove dents. Chipped china? Invisible repairs make blemishes indistinguishable to the naked eye. But what about those incomplete sets—the random forks, cups and saucers? FURNARI'S LTD. (717-393-7707), in Willow Street, Pennsylvania, can turn them into unique decorative items.

Starting at $18, shattered china pieces can be remade into jewelry, picture frames, even pincushions (see photo). Flatware is shaped into items like bracelets, fountain pens, posy vases and card holders. —Deborah J. Baer



Chris Madden's Solutions

Q One day my son's tastes will change from Mickey Mouse to Michael Jordan. How can I design his room now so I won't have to redo it all later?

A First rule of thumb: Choose modern or modular pieces of furniture that look as good holding a sports trophy as a teddy bear. Metal shelving and trunks also work well in rooms for either toddlers or teenagers. Second, to display your child's current obsession and to give the space his personal stamp, use easily changeable items like bed linens. Other than that, your son's accumulated stuff—toys, books, perhaps posters one day—will be more than enough to make the room his.





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Dad hijacks the remote again.

Anyone can make furniture that goes with your carpeting. We make furniture that goes with your life.

Melissa's Birthday Wish? A new car. Keep wishing!

uys, the fairway is HATAWAY!

LA-Z-BOY

Call 1-800 MAKE A HOME for your free La-Z-Boy Home Furnishings Kit. www.lazboy.com



Don't sweat the small stuff with your family

This sequel to the blockbuster best-seller *Don't Sweat the Small Stuff* offers strategies for creating a kinder, gentler home life By Richard Carlson, Ph.D.

LET'S BE HONEST. Being part of a family is certainly rewarding, but it can also be difficult, even when things are going well. The habits, quirks, expectations and conflicting agendas of spouses, children and parents can contribute to stress, to say nothing of the fact that nobody knows how to push our buttons like family. Since there is plenty of really serious stuff to deal with regarding home life, you can't let the little things drive you crazy.

People who learn not to sweat the small stuff with family have an enormous edge. They expend far less energy being irritated; they are easier on themselves and less attached to having things a certain way. They are more patient and easygoing, and family becomes a source of joy instead of a constant drain. They feel less burdened, and that peaceful feeling spreads to other family members.

The following strategies are designed to address some of the most common sources of frustration and to help you appreciate the gift of family and, indeed, the gift of life.

Put feelings first. When I was a boy, my father would respond to minor emergencies—dents in the car, scratches on furniture—by saying, "Relax. *Things* can be replaced—*you* can't be." Likewise, certain projects—cleaning, yardwork, errands—can almost always be postponed. Feelings cannot. Your child's desire to tell you a story or your spouse's desire to share his day are precious opportunities—to connect, to create memories. You have only two options: Attend to them now, or miss the opportunity.

Learn to live as kids do. Children live naturally in the here and now. Adults have to work at it a little. Essentially, it means putting less attention on worries, regrets and things to be done and being fully engaged in the present. Not only will you enjoy the moment to the fullest, you will perform better because you are not distracted.

Forgive your outbursts. No matter how together you are, sometimes you'll simply lose it—get angry, rant and rave, maybe even throw something. But unless you hurt someone, you need only to admit you're human and move on. In fact, beating ourselves *(continued)*



EXCERPTED FROM "DON'T SWEAT THE SMALL STUFF WITH YOUR FAMILY," BY RICHARD CARLSON, PH.D. COPYRIGHT © 1998 BY RICHARD CARLSON, PH.D. PUBLISHED BY HYPERION


More "thank-yous" per serving than any other side dish.
Stove Top
CHICKEN
Stove Top
Everything else is just stuff.™

up afterward is worse than the outburst. It may even encourage repeat behavior by keeping our attention on the problem.

Becoming a more peaceful person—especially in the familiarity of home and family—is a process, not a destination. What's important is moving in the right direction. When you forgive your own outbursts, it is easier to extend the same courtesy to others.

Think of your home as the Golden Gate Bridge. Like most people, I used to get overwhelmed and frustrated about the maintenance of our home. It seemed like nothing was ever finished—a sink was broken, a room needed paint, the dishes were unwashed. I kept waiting for the day when the work would be finished and I could relax.



"Nobody knows how to push our buttons like family," admits the author, here with wife, Kris, and daughters, Jazzy, 8, and Kenna, 6

Then I remembered a rumor I'd once heard about the Golden Gate Bridge—that it is painted every day. By the time the work is done, it's time to start over. It dawned on me that taking care of a home is exactly like that.

Thinking about it in these terms has been an enormous relief in my life. Now, instead of panicking when something needs to be done, I have it in perspective. I still try to keep things repaired, but I'm not as attached to completing every project.

Develop your own reset buttons. In every household there are warning signals that chaos is imminent. We usually ignore these red alerts until the chaos overwhelms us. But we can use these feelings as signals to hit the reset button. One warning sign in our home—all four of us, feeling pressured for time, begin rushing around. We recognize it for what it is now, and one of us will say, "Hey, gang, let's regroup." The idea is to nip the stress in the bud.

Stop exchanging horror stories. Couples often come together in the evening and spend a great deal of time and energy talking about how awful the day was, the irritations we had to face, the inconveniences, the demanding children, the insensitive boss. We want our spouse to understand how difficult our life really is.

Emphasizing our busyness has become a knee-jerk reaction. Even when we have a moment to escape, we spend it reminding ourselves how busy we are

It may be comforting to share, but I believe this habit is a big mistake. Most of us have precious little time to spend with our loved ones. Discussing in detail the negative events of the day is tantamount to reliving them; it creates enormous stress and is emotionally draining for both of you. In addition, by dwelling on the pressures and difficulties, you convince yourself that it's appropriate to be uptight about life. As you let go of this tendency, you'll find it's easier to remember the things that went right, the things that nourish you. You'll also notice that as you pay more attention to the positive aspects of your day, your spouse will follow suit. New doors will open in your relationship, and new interests will develop.

Put a ceiling on your desires. Without this bit of wisdom, happiness can be elusive. Put a stop to the I'll-be-happy-when-I-get-one-more-thing trap. Desire is insatiable. As soon as one want is fulfilled, another takes its place—a better house, a newer car. And this habit doesn't apply only to material goods. Why can't our kids get all A's, or our spouses bigger paychecks? While it's admirable to do your best, there is a huge difference between this and demanding that life always get better.

Make peace with bickering. Shortly after our younger daughter's second birthday, I worried about how much my kids squabbled. "Get used to it," advised a friend. She was absolutely right. If you have more than one child, bickering is a fact of life. The question isn't whether it will occur, but how you deal with it.

I'm the first to admit that there are times when bickering gets on my nerves. However, I have found that if you get crazy about your kids' bickering, you have to deal not only with fighting kids, but with your own agitation. Your reactions can encourage more fighting and send the wrong message as well. After all, how can you demand peace when you are experiencing conflict?

Let someone else be right. When someone else wins an argument, it doesn't mean you lose. In fact, letting someone feel he has been listened to is often more satisfying than spending endless energy trying to convince him he is wrong.

The truth is, no one really *wins* an argument. Friction makes all parties feel bad. Rarely does anyone learn anything from an argument, and there are often residual feelings of resentment. When you refuse to engage—not out of stubbornness or righteousness, but out of love—issues resolve themselves.

If one of my kids says, "You never spend any time with me," my impulse might be to *(continued)*

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JELL-O
smile more

respond, "Yes, I do. Just yesterday we went to the park." I have found, however, that this just feeds the argument. A better response is, "You're right. I'd like to spend more time together. I love you so much. This not only ends the argument before it starts, it's also a chance to remind my child how much I treasure her.

Downplay how busy you are. Emphasizing our busyness has become a knee-jerk reaction. One of the most common responses to "How are you?" has become "I'm so busy." In fact, we really *are* very busy. The problem is that even when we have a moment to escape our stressful existence by saying hello to a friend, we instead spend it reminding ourselves how busy we are.

As an experiment, eliminate any discussion of busyness for a week. You'll notice that you'll begin to *feel* slightly less busy. You'll also notice that other people will pick up on your attitude, helping them feel less stressed and perhaps making your entire conversation more relaxing.

Ask yourself, "Why *not* me?" A few years ago, I was complaining to a friend about how difficult my life was. Rather than commiserate, he said, "Is there some reason you should be exempt from the troubles of the human race?" He was stating the obvious—that everyone's life is full of challenges, setbacks and hassles. Regardless of your background, race, religion or sex, regardless of who your parents were, your birth order, how much money or fame you have, and all the other specifics of your life, you will have problems. Case closed.

Fill your home with evidence of love. Comedian Steve Martin used to strum a banjo and sing about how difficult it is to be depressed while strumming a banjo. Filling your home with evidence of love works the same way. It's harder to be stressed out or depressed when there are signs of love and beauty everywhere. It can be children's artwork, fresh-cut flowers, photographs of loved ones, beautiful books. You'll be glad every time you walk in the door.

Don't expect family to treat you as others do. Most people seem disappointed that their families take them for granted, interrupt or ignore them, or treat them with less respect than do their friends, colleagues or even strangers. Many people are also surprised that they receive more disapproval from family members than from anyone else.

Get over it. The people we love the most *do* treat us differently. We see the best and worst in our family members, and they, in turn, see the best and worst in us. One of the reasons for this dynamic is that we feel we have less to lose. We feel safer experimenting with certain behaviors around them. In other words, we don't worry that our anger, depression or frustration will jeopardize their love. Rather than struggle with this fact, accept it and know that it's the same for everyone else—no exceptions. Isn't it a comfort that we can be ourselves—and be loved anyway?

Speak softly. If you really want someone to listen, soften your voice. You'll be surprised at how attentive and respectful your audience will become. When you speak rapidly and loudly, the energy you send out is often frantic or nervous. People around you may feel agitated, which in turn encourages them to act even more hyper and irritated.

Making an effort to speak more softly can bring about surprising changes. As you lower your voice, you will actually relax your body and your mind and will feel calmer and less stressed. And as *you* quiet down, everyone around you will follow suit. I've noticed that if my kids are acting frenetic and silly, the very best strategy is for *me* to quiet down first—starting with my voice.

Remember what your children really want. It's one thing to say, "My kids are the most important part of my life," but another to back up that statement with action. Our kids don't need our success, they need our love. Let's face it: Your kids don't care if you're a flight attendant, a waitress, a doctor or even a movie star. They may appreciate your hard work and sacrifice on their behalf, but not as much as you probably think you deserve. What really matters to your kids is your time and your willingness to listen and love unconditionally.

This is not about guilt, however. It's about love. It's a friendly reminder that although parenting can seem overwhelming, it doesn't last forever. We have a short window of opportunity to develop a mutually loving and respectful relationship before our kids are grown. This doesn't mean that you don't need to earn a living and that success isn't important—only that, to our kids, these things are secondary. What they really want is our love. They want us to listen to their stories without something else on our minds; to watch their soccer game because there is no place we'd rather be; to hold them, read to them, be with them. They want to be the center of our universe. For the few precious years that we have them, let's make it so. ●

LHJ BOOK BAG

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30 Days to better medical care



Taking an active role in your own care is critical

Eating right and exercising are only part of the equation. To stay well, you also need to be a smart health-care consumer. Here's a simple step-by-step plan.

By Donna Christiano

Do you know where your doctors did their medical training? Whether your insurance covers therapies like acupuncture? If it's okay to drink wine when you're taking antibiotics, or coffee if you're pregnant?

If you answered no, you're in good company. Most of us put more effort into researching home mortgage rates than we do another staple of everyday life—health care. "People know health care is important," says Michael Donio, director of projects for the People's Medical Society, a health-care consumer advocacy and education group based in Allentown, Pennsylvania. "But many think it's so complicated, they don't sit down and read about the issues."

Yet that kind of inaction can make you sick—literally. Women are the biggest users of health care, spending 66 cents of every health-care dollar and making 75 percent of all household health-care decisions. We can't afford to be uninformed.

To get better care, you have to be a better consumer. The prescription? Our one-month plan, full of insider tips and week-by-week goals.

WEEK ONE

EXAMINE YOUR HEALTH-CARE COVERAGE

• **Locate and read your health-insurance policy.** It's a basic but important step. How else will you know that your plan covers annual Pap smears, say, but not vision care? If you have an HMO plan, note when you need a referral (if you want to see a dermatologist for your acne, say, your primary-care provider may have to refer you to a network specialist so that you're charged only your co-pay rather than the doctor's usual fee). Also learn which local hospitals your plan approves, and what procedure you must follow in the event of a medical emergency (if you're rushed to the hospital for an appendectomy, for example, you, or someone you authorize, typically must call the HMO within seventy-two hours of your admittance or your coverage may be denied). More HMO homework: Investigate whether you'll be covered if you're traveling and need out-of-network medical attention, and who pays for what if you need the help of a specialist not affiliated with the HMO.



• **Make sure you have your insurance I.D. and prescription cards.** If you can't locate them, call your insurance company for replacements. Think of these cards as passports to your insurance; tuck them into your wallet or purse in case you unexpectedly need medical care. Also carry with you the name and number of the insurance company's customer-service representative.

• **Investigate the "extras" in your health-care policy.** For example, many HMOs and some employers will reimburse you, at least partially, for a health-club membership. Others may offer discounted prices on exercise gear, or *(continued on page 140)*

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HAS YOUR DOCTOR EVER BEEN DISCIPLINED? THERE ARE EASY WAYS TO FIND OUT

(Continued from page 136)

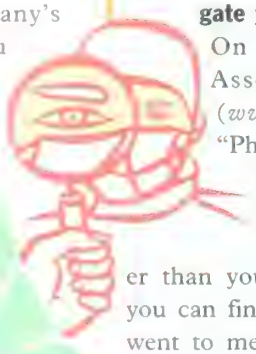
baby products such as car seats.

• **Find out about the health-care options offered through work.** Some employers allow you to choose among several managed-care programs, as well as traditional fee-for-service insurance policies, wherein the insurer pays, say, 80 percent of your medical expenses while you pick up the other 20 percent (after the deductible). Compare costs, evaluate which best suits your needs, and switch during your company's open-enrollment period if you find a more suitable plan or if your needs change. For example, if you're planning a pregnancy, an HMO that completely covers well-baby care may be the way to go. Before you sign up with a managed-care plan, however, call the doctors you're interested in using and ask if they're still affiliated with the HMO. (Many directories listing participating physicians are out of date almost as soon as they're printed.)

• **Call your state's department of health or insurance.** Some rank large managed-care companies on areas such as quality of care, ease of getting a referral and helpfulness of the customer-service department. (If you have traditional fee-for-service insurance, ask if any customer complaints have been lodged against the company and how they were resolved.) Also ask about "report cards" for the hospitals where your doctors have admitting privileges. Some states mandate that consumer guides to hospital services be produced. In one, you might learn whether the hospital where your ob/gyn delivers babies has an excessively high rate of cesarean sections, or employs nurse educators who can help you with information on breast-feeding. The upshot? The next time your open-enrollment period comes up, you'll be able to make a more informed decision about whether to stay with your current plan.

WEEK TWO

CHECK OUT YOUR DOCTORS



• **Log onto the Internet and investigate your doctor's background.** On the American Medical Association's Web site (*www.ama-assn.org*), the "Physician Select" page lists virtually every licensed physician by name or medical specialty. Quicker than you can say "Click here," you can find out where your doctor went to medical school and did his or her residency. This site will also tell you whether the physician has undergone the additional training necessary to be board-certified in a particular medical specialty.

• **If you have an HMO, find out what standards their member physicians must meet.** Look in your policy or call the customer-service 800 number. Oxford, for example, requires that participating doctors be board-certified (or board-eligible if practicing less than five years), have an up-to-date license and malpractice insurance, and have never had hospital admitting privileges revoked or curtailed. Based on information obtained from surveys sent to members, your plan may also devise physician "report cards." Aetna U.S. Healthcare, for example, rates a primary-care physician on—among other things—his or her flexibility with scheduling appointments, speed at reporting test results, personal concern for patients, and the courtesy of the office staff.

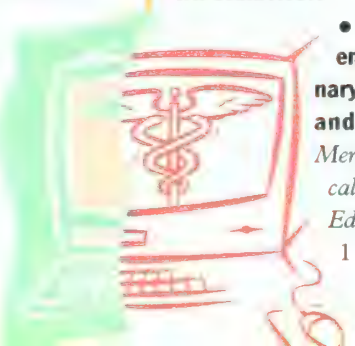
• **Call your state's medical licensing board to see if your doctor has a current license.** Some states also disclose disciplinary information. Another option: See if your library has the book *16,638 Questionable Doctors*, published by Public Citizen's Health Research Group, which lists every doctor disciplined by a state medical board, the Drug Enforcement Administration or the Food and Drug Administration in the last ten years.

• **Find out where your doctor has admitting privileges.** If you have a high-risk pregnancy, for example, make sure your doctor can treat you at a hospital with a first-rate neonatal intensive-care unit.

• **If your doctor is new to you, make an appointment to see him.** Don't wait until you get sick, when your judgment may be cloudy—schedule a consultation now, even if you have to pay for the physician's time. Look for expertise and a good bedside manner, noting whether the doctor makes you feel comfortable, takes time to listen and seems genuinely interested in your concerns. Don't forget to note whether the office staff is courteous and how long your wait is.

WEEK THREE

GET SMARTER ABOUT HEALTH INFORMATION



• **Invest in a medical encyclopedia or dictionary that is easy to use and comprehend.** *The Merck Manual of Medical Information: Home Edition* (Merck & Co., 1997) *(continued)*



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and *Mosby's Medical Dictionary* (Mosby, 1998) are recommended. Next time you read or hear something you don't understand, the answer will be within arm's reach.

• **Learn how to examine medical studies with a more critical eye.** Don't hang your hat on the data just because it was printed by a distinguished source—even the *The New England Journal of Medicine*. According to Larry D. Sasich, Pharm.D., M.P.H., a research analyst at the Public Citizen's Health Research Group, surveys indicate that up to 60 percent of the studies published in medical journals use faulty statistical methods, and some are based on clinical trials sponsored by perhaps-less-than-objective drug companies. The bottom line? Don't change your life based on one study. "Get a consensus from five or six different studies done at major centers," suggests Michael Donio.

• **Cruise the Internet for medical information—but do it with caution, because quackery abounds.** "The more recognizable the source—such as a major academic university with a prestigious medical school—the better," says Donio. National research, patient-support and professional organizations are also good places to get basic information, but remember that they'll feed you the party line (e.g., you're apt to learn more about drugs and physical therapy than alternative therapies like yoga from a mainstream arthritis group). Be particularly wary of individuals who set up their own Web sites—many offer information without ever documenting its source, so you have little way of knowing whether the material is reliable.

• **Get your medical records in order.** Do you know whether you were ever immunized against rubella or what Dr. XYZ's diagnosis was way back in '87? If you had your medical records, you would. Write to all your present and former doctors (including the pediatrician who cared for you as a baby) and any hospitals where you were treated to get copies of records. Be forewarned: Some states limit a patient's access to medical records, but others do not (though you'll probably be charged a copying fee). If the practitioner has retired or died, contact his or her successor. Hold on to your immunization and surgical records; Donio suggests keeping everything else for ten years. (Before you purge your file, however, summarize all the information in a journal.)

• **Learn more about the medicines you take.** Do you know how the over-the-counter or prescription medicines and vitamins you take interact with one another? What side effects they cause? If there are some people—perhaps even you—who shouldn't be taking them? To get a better understanding of the medications you take, visit your local bookstore or library and check out some pill reference books like *Consumer Reports Complete Drug Reference for 1998* (Consumer Reports, 1997), or *Drug Information Handbook, Volume II* (U.S. Pharmacopeia, 1998). Also ask your doctor about any possible adverse interactions or side effects.

WEEK FOUR

LEARN ABOUT ALTERNATIVE/ HOLISTIC MEDICINE

• **Make a trip to your local library or bookstore.** Peruse the shelves for books, such as *The Alternative Advisor* (Time-Life, 1997), describing what alternative medicine is and how it is used. That way, you can see whether it really is a good option for you.

• **Ask whether your health insurance covers alternative-medicine therapies—more and more policies do.** Also find out if there are limitations on the coverage. In some cases, for example, you may be reimbursed for acupuncture, but only if it is performed by a medical doctor.



• **Talk with your health-care provider to make sure the alternative therapy you choose won't interfere with any conventional medical treatment you're receiving.** "Yes, your doctor may pooh-pooh the alternative therapy, but talk to him anyway," says Donio. "You need to know, for example, whether the new diet you adopted after talking to an herbalist will somehow have an impact on the medicines you're taking."

• **Look for a reputable alternative-medicine specialist.** Step number one: Call your state's department of health and ask if it licenses or credentials alternative-medicine practitioners (such as acupuncturists, massage therapists, etc.). "Just because someone is licensed doesn't mean he is good," says Donio. "But it does give you some idea whether the person has fulfilled educational requirements." Next, call the professional society of the specialty in which you're interested (for some names and numbers, check out the American Holistic Health Association's Web site at *www.ahha.org*) to see if it credentials practitioners. If it turns out neither your state nor a professional organization does any licensing or regulating, you'll have to rely on your own investigation to determine how qualified the person is. "Ask the person about his training, education, number of people treated, and so on," says Donio. "Ask the same kind of questions you would ask any other health-care professional you were checking out."

• **Schedule a consultation.** If applicable, ask for proof of credentials or licensure. Don't forget to size up the practitioner's personality and style, and whether you feel comfortable with that person. •

Donna Christiano is an award-winning freelance writer in Livingston, New Jersey, who specializes in health issues.

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Barbara Walters Tells All

The inside scoop on Julia Roberts, Tom Hanks, and Rosie O'Donnell—plus the surprising superstars who have touched her the most. By Barbara Walters

I AM NEVER VERY GOOD at answering questions like, "What is the best interview you have ever done?" It is like asking a friend, "Whom do you love most?" No matter what you answer, you are hurting someone's feelings.

But I love my work, and recently, I have rediscovered the value of humor. Perhaps it is from being involved with *The View*. Nothing is more fun than having a good laugh with my four co-hosts or dishing with the likes of Goldie Hawn or Sylvester Stallone. Somehow, I am more relaxed and don't take the guests, or myself, too seriously. A good laugh makes any interview, or any conversation, so much better.

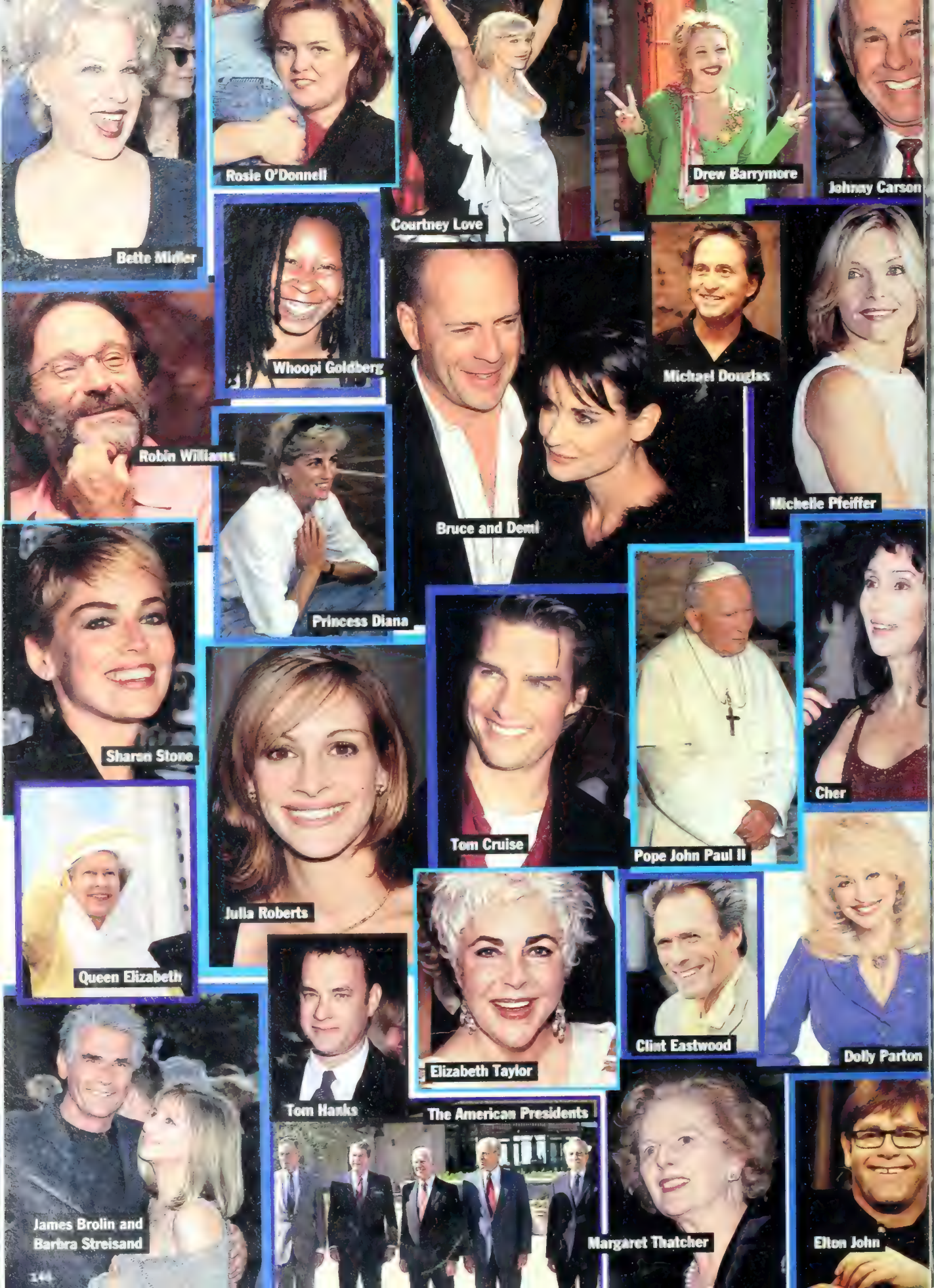
But you won't be surprised to know that when it comes to celebrities, it is easier to talk with someone with a few years' experience under his belt. It gets harder and harder to interview the twenty-one-year-old star whose most meaningful experience was winning a surfing contest.

Having said all this, I am going to plunge in and look back on thirty-five years of interviewing to share the highlights and low points, and reminisce about the cast of characters I've met along the way.

WHO MAKES ME LAUGH THE MOST? **Robin Williams**. He's off the wall, very smart and simply hilarious. I once asked him if it was true that he became a comedian because he couldn't get work as a serious actor. He said, "I couldn't make it as an actor," and then, knowing *(continued)*



"Just when you think you've talked to everyone, someone new and exciting bursts onto the scene"


Bette Midler
Rosie O'Donnell
Courtney Love
Drew Barrymore
Johnny Carson
Whoopi Goldberg
Michael Douglas
Robin Williams
Bruce and Demi
Michelle Pfeiffer
Princess Diana
Sharon Stone
Tom Cruise
Pope John Paul II
Cher
Julia Roberts
Queen Elizabeth
Elizabeth Taylor
Clint Eastwood
Dolly Parton
Tom Hanks
The American Presidents
James Brolin and Barbra Streisand
Margaret Thatcher
Elton John

ontinued) I had this dubious reputation for making eople cry, he pretended to weep. He wouldn't stop cry-g, and I couldn't stop laughing.

/ITH WHOM WOULD I WANT TO BE STRAND-D ON A DESERT ISLAND? It would be nice to ive someone I am madly in love with, but that never ppens to me with the people I interview. So I would ck a good pal, like **Bette Midler**. She's brilliant, honest, nny and totally original. For the same reasons, I would obably also pick **Whoopi Goldberg**. No, wait, let's bring **sie O'Donnell** along. She doesn't need a perfect hairdo or perfect wardrobe. She'll do just fine on the island. This st fall, Rosie made an appearance on *The View* and she fered to stick around for the whole program. Our next iest was a doctor, and we were going to discuss a serious male problem, frigidity. But when I asked our expert the st question, "What can make a oman frigid?" Rosie was so em-rrassed that she couldn't stop ggling. I finally had to banish her om the set, the way you would a all child. But it was pure Rosie.

'HOM WOULD I LIKE IN HE NEXT HOSPITAL BED? is was a question I often asked, ntil **Johnny Carson** responded, The best doctor in the world!" o one could top that.

HO IS THE SEXIEST AN/SEXIEST WOMAN? At e time, I would have voted for **int Eastwood**. But these days I ve a hard time thinking of who is e sexiest man. The sexiest woman **Sharon Stone**. She represents the old-time glamorous ovie star. No jeans, no baggy T-shirts; perfect hair, off-e-shoulder dresses, sweeping entrances, knowing she ra-ates appeal. She is not afraid to turn it all on. Privately, e is warm and bright. Women like her, too. I know I do.

HOM COULD I INTERVIEW AGAIN AND GAIN? **Cher**, for one. She has said: "I invented myself. meone who is funny and interesting. I get a kick out of ." She always has something new to say, a new pro-t, a new boyfriend—at the least, a new hairstyle.

I could also talk to **Michael Douglas** again and again. He smart, funny, and he, too, has a life that seems to keep anging and growing. Just look at the film roles he choos-from *Romancing the Stone* to *The Game*. I have proba-talked on camera with **Barbra Streisand** more than I've ked with almost any other person. Yes, she's a perfection-Yes, she can drive you crazy with the lighting and the nera angles. But the results are worth all the effort. To , she is the greatest all-around talent in show business.



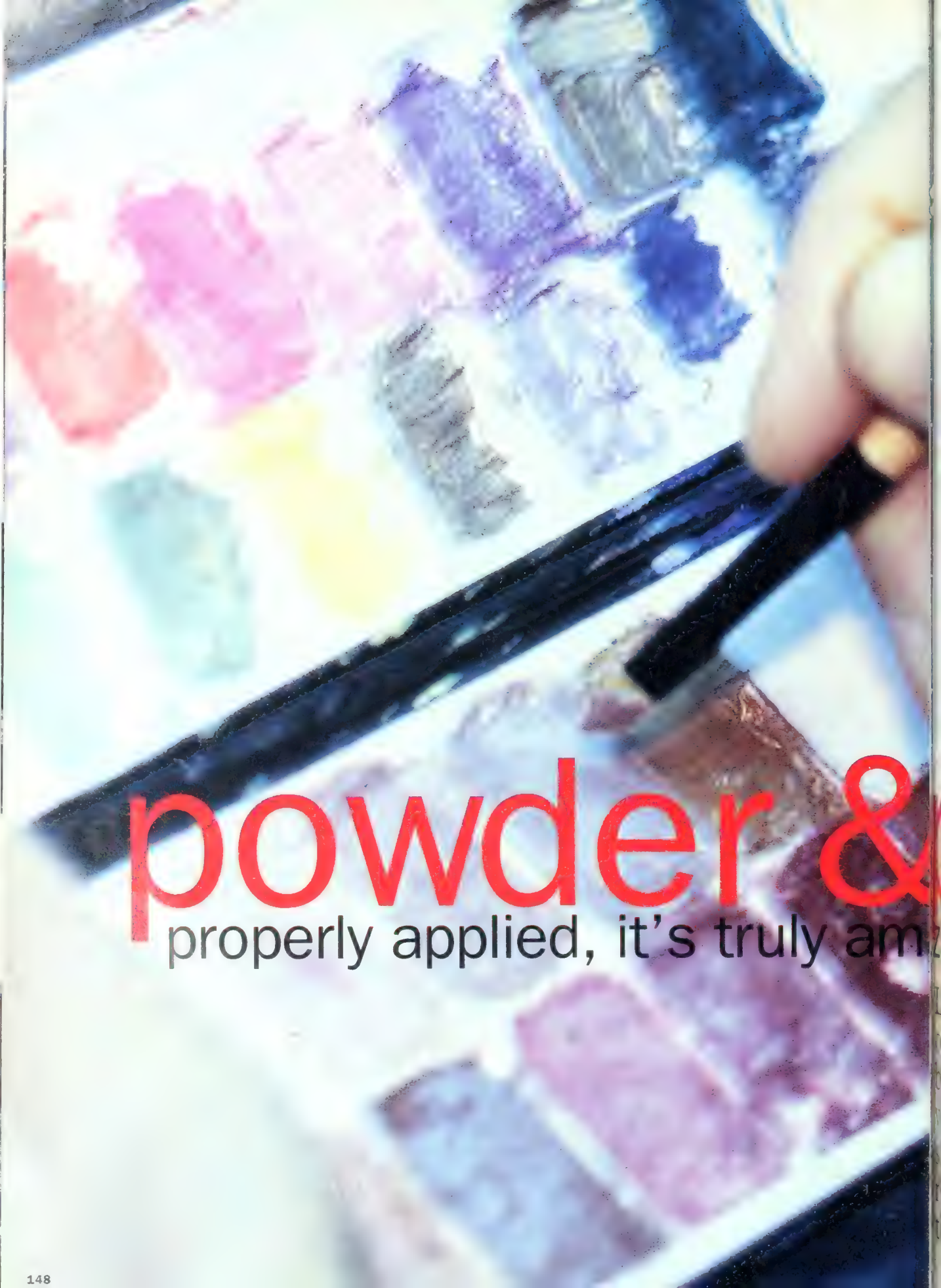
And now she's finally found someone—**James Brolin**—to give her the kind of glow she inspires in so many of us.

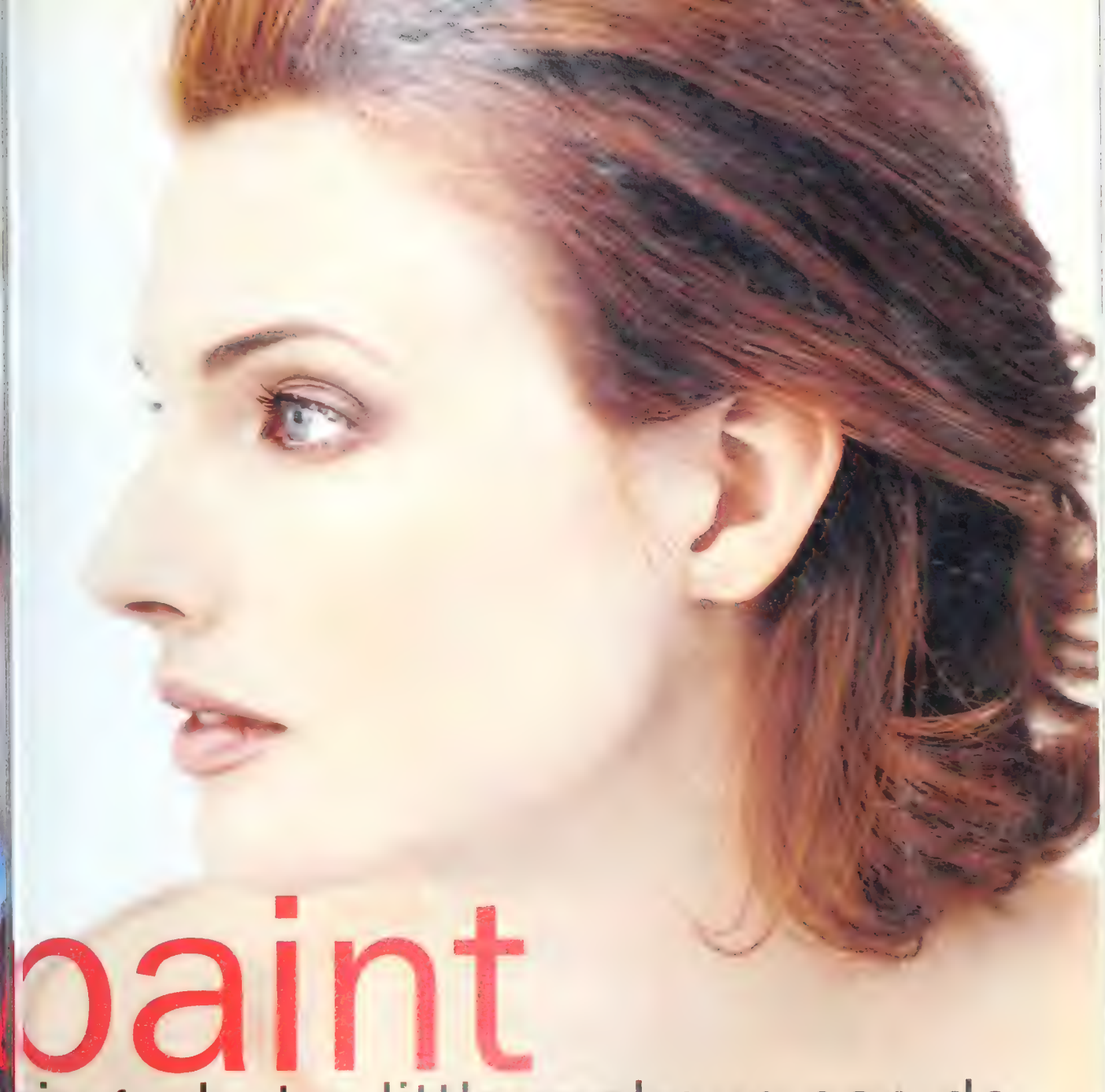
WHO IS THE COUPLE WITH THE STRONGEST MARRIAGE? **Demi Moore and Bruce Willis**. With three adorable little girls, they seem to manage to ignore all the reports that are always predicting the end of their marriage. I had been warned against interviewing Demi Moore. I had read that she was difficult, a prima donna, but I found her to be honest about her very difficult childhood. Demi had just finished making the film *Striptease* and tried to teach me how to strip. Forget it. I was self-conscious even taking my jacket off. The general agreement was that my talents lie elsewhere.

WHO IS MOST NATURALLY BEAUTIFUL? I could get an inferiority complex interviewing all the women with gorgeous bodies, big wide eyes and masses of beautiful hair. **Michelle Pfeiffer**, in a T-shirt and no makeup, is quite simply radiant. That's all there is to it. Or **Julia Roberts**, with her wide mouth and perfect teeth. What happens, though, is that I can see the work and the pain beyond the physical beauty. Michelle Pfeiffer is very shy. She loves acting. Hates being famous. Struggles through interviews. But now, she has greater ease and an endearing gentleness since she became the mother of two children.

I have interviewed Julia Roberts twice. The first time was when she was in her early twenties and had just become a huge star following the success of *Pretty Woman*. She wrote poetry, talked touchingly about her father, who had died, and seemed fragile and a little lost. I felt as if she could have been my daughter. I wanted to take her in my arms and tell her everything would be all right. But it wasn't all right for quite a few years. Julia stopped acting; she married, divorced and seemed to have trouble both off- and on-screen deciding who she was. Then last year came *My Best Friend's Wedding*, and Julia burst forth again, with all that beauty and humor. She's going to be around for a long time, and I would love to come back to interview her every few years to see the changes.

Which reminds me of **Dolly Parton**. The first time I interviewed her, back in 1977, was at a rodeo. She gave me a tour of her bus, with her drip-dry clothes and the shelf of big blond wigs. She was so funny that I thought—even though our backgrounds could not be more dissimilar—we could be best friends. "I want to be a superstar," she said longingly. "In five years, I will be." In five years, she was. We did our second interview, *(continued on page 201)*


powder &
properly applied, it's truly am



paint

zing what a little makeup can do

Like make you look younger. Or more glam-
orous. Or create more voluptuous lips. What can
be hard is using makeup in such a way that it
whispers its point—you never want makeup that
shouts. How do you get the light touch just
right? We had three top makeup artists share
their very best tips

By Lois Joy Johnson

what counts: ap

ALISON RAFFAELE, N.Y.C.

CLIENT ROSTER: Daryl Hannah, Gwyneth Paltrow, Jennifer Aniston

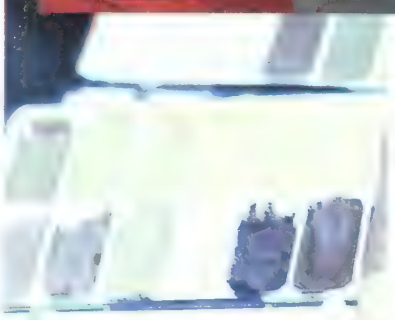
HER TOP TIPS:

SUBTLE MAKEUP BEGINS WITH WELL-TENDED SKIN Getting makeup to melt seamlessly into your skin is the biggest challenge, and it only becomes harder as you get older and your skin's natural exfoliation process slows down—skin tends to flake, which makes makeup act funny in places, like around your nose. So you have to exfoliate manually every day. This can be as simple as using a washcloth with your usual cleanser to slough off dead skin.

FIND THE RIGHT FOUNDATION For a seamless look, your foundation needs to be an exact color match to your skin tone. However, if your chest and hands are a little darker (due to less stringent sun protection), then match your foundation color to them. Usually this means choosing a foundation a half-shade darker than normal, but you can also blend liquid or cream bronzer with your foundation, or blend in a cream blush in a bronze shade.

THINK NEUTRAL Any makeup that's heavily frosted or too bright or colorful calls unwanted attention to itself. For your lips, there are now some wonderful lip-toned tints, but berry and mocha tones also look pretty and natural. Choose brown neutrals for your lids one or two shades darker than your skin tone—khaki, camel, sand are good choices—or a soft slate or heathery mauve. Don't skip liner, but to avoid a heavy ring-around-the-eye look, use a deeper tone on the top than on the bottom.











KAT JAMES, N.Y.C.

CLIENT ROSTER: Kyra Sedgwick, Mary Tyler Moore, Sarah Jessica Parker

HER TOP TIPS:

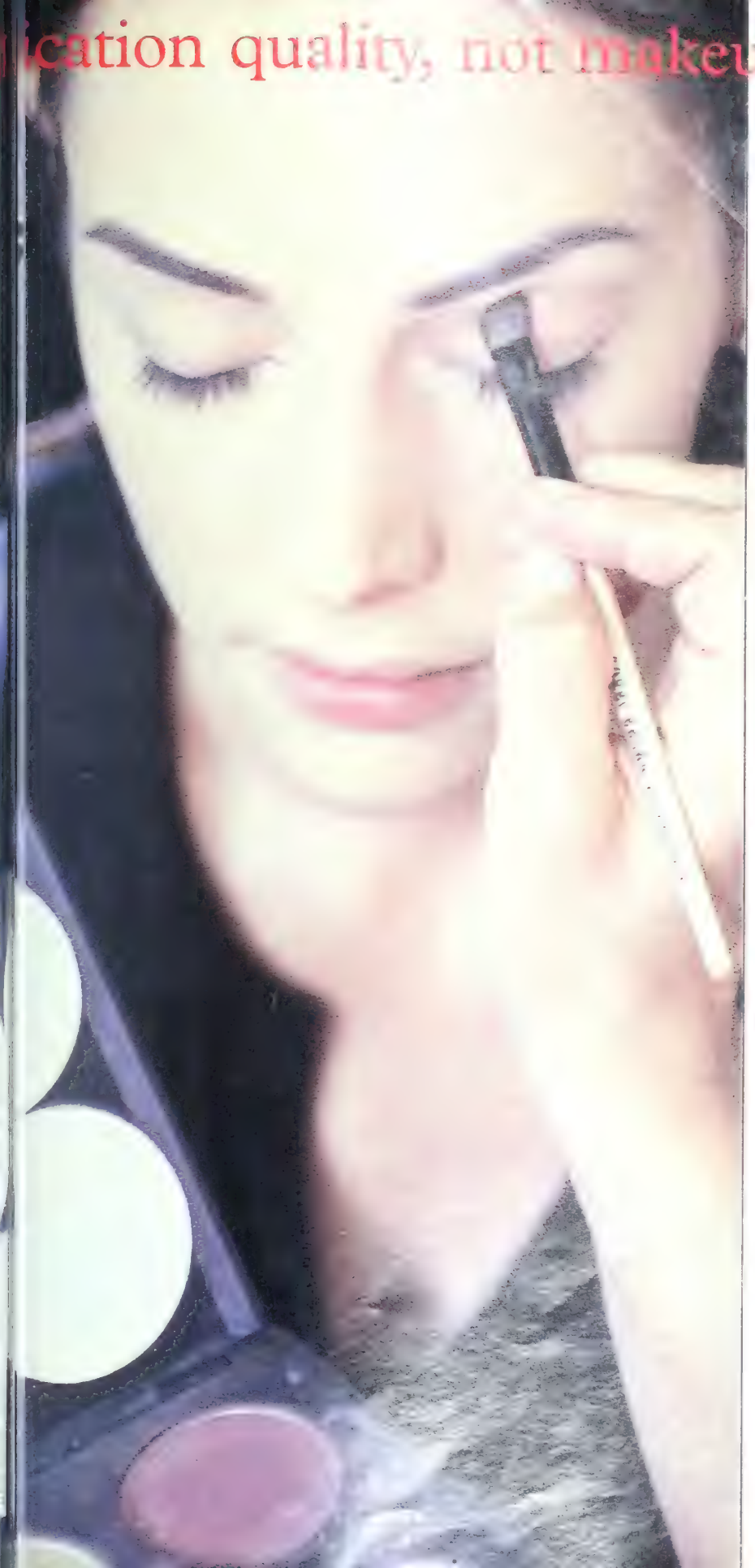
CANCEL THE CONCEALER Most concealers do their job pretty well when it comes to concealing, but they don't always blend very well. Foundation works better. After moisturizing, apply your foundation, then apply a second coat on the spots that need extra camouflage. Be sure to tap with your fingers—never rub, as a sideways movement accentuates lines.

LIP TRICK I don't buy that old red-lipstick-wakes-up-your-face idea. The look is so dated! And a too-crisp lip border just looks fake. Subtle, neutral lip color is much more believable. And a sheer tint gives lips a younger, fresher look than anything opaque or matte. To make thin lips look fuller, apply some shimmery gloss just above the bow of the upper lipline: It creates a pretty halo effect.

A MORE REALISTIC BLUSH If you've been angling blush up toward your temples, stop. To replicate the look of naturally rosy, flushed cheeks, you need to use a baby pink cream or creampowder blush and keep placement on the apples. Some women like to use bronzer instead of blush, but unless it's summer, I think the look is too artificial.

COLOR MATCH When women who color their hair use pencils to make their brows an identical match, the result is always phony. I find a gray-taupe pencil fills in the brow without darkening it and works for nearly everyone.

ication quality, not makeup quantity



KAREN KAWAHARA, L.A.

CLIENT ROSTER: Glenn Close, Julianna Margulies, Christie Brinkley

HER TOP TIPS:

THE SHEERER THE BETTER To get fresher-looking skin with makeup, switch to foundation that's a lighter creampowder or moisturizing liquid formula and apply it only where you need it using a flat quarter-inch brush—foundation applied with fingers looks splotchy. We all think we need to apply foundation forehead to chin to even out the complexion. But most of the time people see you in the harsh reality of daylight or fluorescent lighting, which make excess makeup just as visible as the imperfections you're trying to cover.

EYE OPENERS: LESS IS MORE If you're over thirty-five, your eye area has probably gotten droopier. Skip undereye liner and mascara—the last thing you want is makeup that can migrate. Use liner on the upper lid to open the eye: Just widen the line three quarters of the way to the outer corner. And be sure to use a brush to fade the line slightly so you don't end up with a retro Audrey Hepburn look. Then blend a taupe shadow in and just above the crease following the subtle upsweep of the liner.

BROW KNOW-HOW Too many women overpluck their brows, which weakens the bone structure of their upper face. Your brow should start directly above the tear duct. Also, be sure the brow extends out, not down. The proper arc instantly opens the eyes, so to strengthen the line, you may need to pluck slightly and apply feathery pencil strokes along the top of the brow.



BABY Lust

Do you desperate
desperately doesn't
while he wants
Marshall looks

Dear Hallie,

Got your great news about Baby-on-the-Way—wow! Number three! I'm so happy for you!

One small request: Since I have denied my own remaining eggs the right to life deference to my dear husband, who will be forty-seven years d this month, please remind me at every possible opportunity uring the next months how AWFUL pregnancy is, how con-ipating, how nauseating, how simply horrendous, and make sincere effort, will you, to hide your ripening belly at upcom-g family get-togethers. I can't stress this enough.

You see, now that I'm in those late thirtysomething years here infertility looms right around the bend, I can't hear or ink about ANYBODY being pregnant without bursting into ars from baby lust and mad jealousy and sheer hatred.

But hey! I'm totally thrilled you're expecting, really I am!

Your loving sister-in-law,

Mel

's a terrible thing, this midlife fertility crisis. It's just like enopause, only worse, because at this age I could have nother baby, only I've chosen—no, no, my husband and have chosen—not to. For a number of perfectly sound asons, I've opted out of my own reproductive prime. ly husband and I have even discussed the V word.

Except he hasn't so much as talked to a urologist. And e truth is, I won't let him. Because no matter how cer-in part of me is that we are done, finito, with the baby siness, another part—louder, more insistent, positively rill and hysterical—simply will not stop with the preg-ncy talk. Night and day, the argument rages. There is o escaping its harangue, not even when my current ood makes me want to get a hysterectomy.

ant another child—and he just as o you long to cuddle an infant eekend alone with you? Melinda e latest husband-wife predicament

It will be 5:50 P.M. The kids are wailing from hunger, y mother-in-law is on the phone, the two-year-old's dia-r is sagging ominously, I've just discovered there's thing in the fridge but purple yogurt and horseradish, id between savage outbursts at the six- and seven-year-ds—"Have you done your homework yet? What did I y about markers on the dining-room table? How many nes do I have to ask you to wash your hands?" I'm inking, *If Hallie can fit a third child into her tiny house, n sure we could find room for a fourth.*

Or, it's ten P.M. I have yet to make lunches, yet to wade through the folders in the backpacks, my oldest is crying for me to come and give him a kiss good night, which I apparently didn't do properly two hours ago, thereby waking up the baby, and while I mutter expletives at the sheer conspiracy of it all, I'm simultaneously conducting a mental inventory of baby gear on loan, wondering who the dickens has my Portacrib.

It's nuts, this baby lust. And this never-to-be-resolved inner dialogue is making me psycho. You'd expect the Voice of Reason to prevail, but this discussion—To Breed or Not to Breed—is rooted somewhere in my hypothalamus, far below the seat of higher intelligence. There's just no debate possible when the Voice of Instinct dominates the exchange with observations like, *Three children is a really awkward number for board games! You need even teams!* Or: *I'd be a better parent this time around! I've got the hang of it now, really!* Or: *We've got to justify our investment in all those infant-care gadgets, especially that set of monitors with the mile-long range!*

My husband, poor guy, keeps thinking I need to be reasoned with, that somehow I haven't perceived the obvious. "We have finally, *finally* reached a point of relative peace around here," he'll point out. Yes, I know we're sleeping through the night. No, I don't like the idea of toilet training another child. And to be sure, it is awfully nice that on Saturday mornings the kids can turn on the tube and eat cereal without waking us for hours—well, until at least eight A.M.

It's very complicated, I offer by way of explanation. I've been hijacked by hormones that keep me from thinking straight. I know, for example, just how excruciating it is to leave a warm bed not once, not twice, but every two hours—a pretty typical nursing schedule for a newborn. I know, too, that logistically, we'd have to totally retool to accommodate a fourth child—a bigger house, a bigger car, a better job for my husband, because surely I'd have to cut back on my own work. Then there's the horror of having all four kids sick at the same time with some hideous gastrointestinal bug for ten straight days. And finally, there's the plain fact that I'm already unable to get three kids homeworked and bathed and read to and settled in bed before nine P.M. If I were to add a baby to this scenario, the only way I can see myself getting dinner each night would be to install an IV bag next to the nursery rocker.

Pretty obvious what the correct decision is, eh? But then, the hormones rush in and take over and I'm unable to remember what could possibly be more important than bringing a child into the world. *(continued on page 204)*



the *frill* is

Bye-bye tailored basics, blah browns
a cue from the past, and now it's chi

Left: Not a suit but every bit as work-worthy, this gray polished-cotton skirt ($150) and top ($156) by Chaiken and Capone has a mini ruffle at the neckline and pleats at the hem to fem it up. Recognize the at-the-knee length from Nick at Nite reruns? Then surely you also notice its unquestionably hip, updated attitude.

Speaking of fashion reprises, capri pants are also back for an encore. Worn with bare sandals, they look innocent yet glamorous; with high-heeled mules, they're the definition of sexy. These peach-colored capris are paired with a romantically embroidered shirt, both by Dollhouse (pants, $40; top, $30). Bag, Bottega Veneta; slingbacks, Sigerson Morrison.



back

nd blacks. Fashion has taken nce again to look feminine



Trims, textures and prints—what a feast after a too-long fashion diet of plain and simple! Subtle crochets, all the rage in the '70s, are reinvented for 1998 in high-tech fabrics that won't lose their shape. Case in point: Lola's nude rayon V-neck short-sleeve sweater (this page, $110) and matching knee-length skirt ($120).

Look garden-party fresh in a delicate tee and slim skirt, such as Easel's minty stretch pointelle top (right, $93) and Cynthia Rowley's floral number ($145). The allure is in the details: the lacy handkerchief-like charm of the shirt, the skirt's sweet millefleur print. Dainty never looked quite so lovely!


clothes
as pretty
as you
want
to be





HOW HE
IS YOUR



**No matter how old or new
health hazards. *Ladies' H*
houses a thorough checku**

ALTHY HOME?





Contamination?



Lead?

...uses can have hidden ...e *Journal* gave th...

...r Sharlene K. Johnson

Our environmental-testing specialists found som

Home. It's a place of refuge, a place where your family is safe. Certainly, you would hope that your house itself isn't endangering your health. But in recent years, that's precisely what scientists have been telling us is happening—and the warnings cover more ground all the time.

Whether it's asbestos, formaldehyde or radon, there is something to worry about every time you take a breath. No one knows just how many of us get sick or die from all the hazards in and around our houses, but radon alone is said to contribute to between 7,000 and 30,000 lung-cancer deaths every year. Carbon monoxide is blamed for another 300 deaths annually, and some 230,000 kids are thought to have levels of lead in their blood high enough to cause lifelong learning problems.

As a homeowner myself, I know that it's not easy to sort out which problems might affect your home, much less how to go about fixing them. Personally, I tend to alternate between denial (If it's not one thing, it's another, so why worry?) and panic (I want to eliminate every possible risk at any cost).

In fact, neither attitude is smart, as I learned when *Ladies' Home Journal* hired Radon Detection Systems (RDS), an environmental-testing company based in Boulder, Colorado, to check out three homes: a single-story house built in 1925, a two-story house built just months before our tests, and my own 1982 tri-level. All three are located in the same part of the country, which tends to have higher-than-average radon levels. Other than that common concern, each house had its own set of issues. Here, the hazards we discovered, what should be done about them—and what you might want to do at home.

Old Worries

When Alice Swett Giehm, a twenty-seven-year-old pharmaceutical salesperson, bought her Laramie, Wyoming, home from her parents two years ago, she knew the seventy-three-year-old house would need some work. But the house's potential health hazards did not become truly worrisome until last summer, when her household grew to include a new husband, Chris, twenty-nine, who works for his family's towing business; a five-year-old stepson, Casey; and a baby on the way.

Because of her growing family, Alice began to worry. "For starters, we had a strong feeling that the furnace was covered with asbestos," Alice says. But if their worst fears proved true, they could have a big, expensive problem on their hands. Carbon monoxide leaks, radon and lead paint were other possibilities.

Deciding it was better to know one way or the other, the couple agreed to an inspection. Tim Smith, the vice president with RDS who is a registered environmental assessor, toured the house room by room, looking for potential problems and collecting samples.



Alice and Chris Giehm at their seventy-three-year-old home



The Gormleys and their brand-new house



The author and her husband, proud owners of their sixteen-year-old first home

The Problems: Because the house was built in 1925, Tim agreed that the Giehms had good reason to worry about asbestos. The lab tests confirmed that the furnace and ductwork were completely covered in it. Fortunately, the remedy didn't turn out to be the couple's nightmare.

Used frequently before the 1970s, asbestos is dangerous only when it's damaged or "friable." Then, fibers floating in the air can be inhaled and eventually cause a deadly lung disease called asbestosis. The fibers also

hazards—including lead paint, asbestos and a banned pesticide—in some unexpected places

crease the risk of lung cancer. Luckily, much of the ma-rial on the Giehm furnace is in good shape; enclosing e few small areas that are damaged (sealing them with ı adhesive wrapping so the fibers don't become air-›rne) may be the safest, least expensive solution. "It's ally nice to know we have options, and that it's just fine leave it there," says a relieved Alice.

If they ever replace the furnace, however, they'll need have the asbestos removed. Tim supplied a list of ıalified local companies, explaining that RDS doesn't do at kind of work in order to avoid a conflict of interest. eanwhile, the Giehms' first priority is to install a door ı the furnace room, which will also help contain the maged asbestos. And the room is off-limits for sweep-ı g or vacuuming to avoid stirring up the fibers.

Another common problem is heavily leaded paint, ıich was widely used until the fifties and wasn't banned ıtil 1978. The Department of Housing and Urban De-lopment (HUD) estimates that over three fourths of all ›uses built before the ban have some lead-based paint. ıe older the house, the greater the likelihood.

Not surprisingly, over half of the samples taken roughout the Giehms' home tested positive for lead-sed paint (defined by law as at least 0.5 percent lead weight). While sellers must tell buyers if they know eir home has lead paint, neither the state of Wyoming ›r the federal government requires homeowners to re-ove it. In fact, according to the Environmental Protec-›n Agency (EPA), lead-based paint in good condition best left alone. Lead paint becomes dangerous only ıen it detaches from the wall—if it deteriorates over ne or is scraped and sanded during a remodeling pro-ct, for example. And done incorrectly, removal can en make the situation worse. "I think if it were peel-g off, we'd be a lot more concerned," says Alice. This sult is another relief, since removal can cost between ,000 and $12,000 for a single-family home, according one HUD study.

That doesn't mean the Giehms can afford to ignore e problem. While lead is harmful to adults, children e much more susceptible, with effects ranging from rvous-system damage to slowed growth. Kids are also ›re likely to put things in their mouths—including ob-.ts covered in dust that might contain lead. Fortunately, me simple steps can reduce their risk: frequent repaint-g to seal in the old paint, mopping floors and washing ndowsills weekly, and keeping kids' hands and toys ean. They should also have their kids tested for blood-ıd levels every year (as should all parents, since kids n be exposed at school and day care).

After learning that the outside of their house is also covered in lead-based paint, the Giehms may want to have their soil tested. If lead paint has chipped off and contaminated the soil, they can reduce the risk by planting grass all the way up to the house to keep soil from being tracked inside and by telling the kids not to dig in the dirt (an enclosed sandbox is a good alternative).

The Good News: Brad Daniel, a technician with Mullen's Heating, gave the furnace a checkup. Though operating at only 38 percent efficiency (a modern unit can turn 90 percent or more of fuel into heat), the furnace was not leaking carbon monoxide, which can be deadly.

The Giehms also can stop worrying about radon. The EPA's "action level" is 4 picocuries per liter of air (pCi/l), and the test results for the Giehms' home were 1.0 pCi/l in Casey's room downstairs and 0.9 pCi/l in the nursery on the main floor.

The Gray Area: Lead plumbing is sometimes found in houses built in the 1920s or before, so two samples of the Giehms' tap water were sent to a lab for testing. The first sample—which tests water sitting in the pipes overnight—had 0.011 mg/l of lead, which is just below the federal action level of 0.015 mg/l. The second sample, taken after the water has run for fifteen minutes, gives a reading for the lead levels in the city's water supply. There was no lead detected in that sample.

New Concerns

NiKol and David Gormley are the owners of a newly built house in Fort Collins, Colorado. NiKol, thirty-one, a full-time homemaker, and David, thirty-six, a graphics designer for Zephyr Graf-X, moved in with their four kids—Ashley, ten, Kelsi, eight, Patrick, five, and Zachary, two—less than six months before our tests.

NiKol and the two girls have allergies, so the Gormleys were especially concerned about the air quality in their new home. Radon was another worry because of the high levels common in the state.

The Problem: While radon gas is present in outdoor air, it's very diluted, with an average level of about 0.4 pCi/l. It becomes a concern only when it seeps into homes—through cracks in the foundation, drains or open sumps, for instance—where it tends to build up.

Anthony Smith, Tim's brother, a field specialist at RDS, set one radon detector in the basement play area—where the reading was 5.9 pCi/l—and one in a wall nook on the main floor, which registered 3.7 pCi/l. "The basement is higher than I expected," says NiKol. "That worries me."

Wisely, she isn't panicking just yet. Short-term tests, ranging from two to ninety days, are meant to simulate a worst-case scenario. They're best used for real-estate transactions, where time is limited, or *(continued on page 206)*

It's a piece of cake.

— Introducing a deliciously easy one-bowl scratch recipe. —

Hershey's® "Perfectly Chocolate" Chocolate Cake

2 c sugar
1-3/4 c all-purpose flour
3/4 c HERSHEY'S Cocoa
1-1/2 t baking powder
1-1/2 t baking soda
1 t salt
2 eggs
1 c milk
1/2 c vegetable oil
2 t vanilla extract
1 c boiling water

1. Heat oven to 350°. 2. Combine dry ingredients in large bowl. Add eggs, milk, oil and vanilla. Beat for 2 minutes on medium speed. Stir in boiling water. (Batter will be thin.) Pour into two 9" round greased and floured pans. 3. Bake 30–35 minutes. Cool 10 minutes. Remove from pans to wire rack. Cool completely. Frost. 10–12 servings.

Hershey's "Perfectly Chocolate" Chocolate Frosting

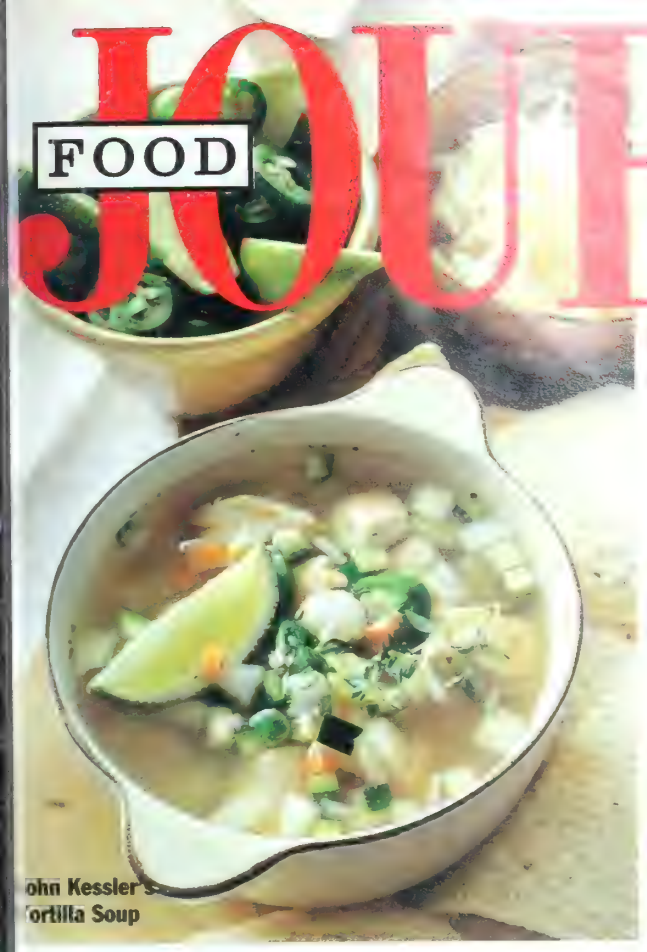
1 stick (1/2 c) butter or margarine
2/3 c HERSHEY'S Cocoa
3 c powdered sugar
1/3 c milk
1 t vanilla extract

1. Melt butter. 2. Stir in cocoa. 3. Alternately add powdered sugar and milk, beating on medium speed to spreading consistency. Add more milk, if needed. Add vanilla.

For more recipes:
http://www.hersheys.com



FOOD JOURNAL



ohn Kessler's
ortilla Soup





ain Reichl's
asta Michaele

Spring Training

It's that time again—time to get in shape for bathing-suit season. To help, we've developed The Diet of the Century, a deliciously doable plan for weight-loss success. Need dinner on the table in no time? We've also got fast and fabulous family dinners (pictured here)—recipes from top restaurant critics. And for the worthy cause in your life, why not make one of our Bake Sale Best-Sellers?

Rosemary Roast Chicken

Michael Bauer
The San Francisco Chronicle

"Gravy doesn't have to be a lot of work," says Michael. His chicken roasts over garlic and onions until golden, then the vegetables are pureed for the easiest gravy ever.

Prep time: 25 minutes
Roasting time: 1 hour

1 chicken (about 3¼ lbs.)
4 onions, quartered, divided
8 cloves garlic, divided
1 lemon, quartered, divided
5 sprigs fresh rosemary
1½ tablespoons olive oil, divided
Salt and pepper
1½ cups chicken broth, divided
Mashed potatoes

1. Heat oven to 450°F. Stuff chicken with 4 onion quarters, 4 cloves garlic, 2 lemon quarters and rosemary; rub with ½ tablespoon oil and sprinkle with salt and pepper. Squeeze 1 lemon quarter over chicken.
2. Toss remaining onions, garlic and oil in 13x9-inch baking dish. Place chicken, breast side down, over onion mixture. Roast chicken 30 minutes. Turn chicken over, add ½ cup broth and roast 30 minutes until chicken reaches 180°F. on meat thermometer.
3. Transfer chicken to platter. Puree onion mixture with remaining broth in blender. Pour into saucepan. Stir in ⅛ teaspoon *each* salt and pepper; squeeze juice from remaining lemon quarter into gravy.
4. Serve chicken with gravy and potatoes. Makes 4 servings.

Per serving without mashed potatoes: 675 calories, 44 g total fat, 11.5 g saturated fat, 188 mg cholesterol, 837 mg sodium, 20 g carbohydrates, 50 g protein, 91 mg calcium

Tortilla Soup

John Kessler
The Atlanta Journal-Constitution

"My family and I eat out often, so at home, our goal is to eat as healthy as we can. This one-pot meal is great because it's got lots of fresh vegetables—I always have an abundant supply in the fridge—and the kids love it."

Prep time: 20 minutes
Cooking time: 15 minutes

Soup
3 cans (14½ oz.) fat-free, chicken broth
1 can (15 oz.) white hominy, drained and rinsed
⅓ cup fresh or frozen whole-kernel corn
1 carrot, diced
1 cup diced zucchini
1 cup diced, cooked chicken
½ cup chopped onion
2 cloves garlic, chopped
½ teaspoon cumin
½ teaspoon thyme
1 bay leaf

Garnishes
1 lime, cut into wedges
½ cup shredded Monterey Jack cheese
2 cups baked tortilla chips
1 sliced jalapeño or serrano pepper
Red pepper sauce
Fresh thyme

Crusty bread

Bring all soup ingredients to boil in large Dutch oven over medium-high heat. Reduce heat to medium-low; simmer 15 minutes until soup is hot and vegetables have softened slightly. Ladle soup into 4 serving bowls. Garnish each serving as desired. Serve with bread. Makes 4 servings.

Per serving: 345 calories, 9 g total fat, 3.5 g saturated fat, 46 mg cholesterol, 1,240 mg sodium, 45 g carbohydrates, 22 g protein, 185 mg calcium

How To Pit An Olive

Pitting an olive only looks tricky! On a cutting board, place the flat side of a large knife directly over an olive. Press blade with fist to split the flesh. Remove pit.



Pasta Michaele

Ruth Reichl
The New York Times

"We named the dish for my husband, Michael," says Ruth, "because it's his favorite—he'd rather eat this at home than go out to the fanciest restaurant!"

Prep time: 15 minutes
Cooking time: 12 minutes

2 tablespoons olive oil, divided
¾ cup pine nuts or chopped walnuts
1 large onion, chopped
½ cup chopped fresh parsley
4 anchovy filets, chopped
1 tablespoon minced garlic
½ teaspoon red pepper flakes
¼ teaspoon salt
¼ teaspoon freshly ground pepper
½ cup chopped kalamata olives
2 tablespoons drained capers
1 pound spaghetti, cooked
½ cup freshly grated Parmesan cheese
Juice of 1 large lemon
Fresh thyme, for garnish

1. Heat 1 tablespoon oil in skillet over medium heat. Add nuts and toast, until lightly browned. Transfer to bowl.
2. Heat remaining oil in same skillet over medium-high heat. Add onion and cook until softened, 5 to 6 minutes. Stir in parsley, anchovy, garlic, red pepper flakes, salt and pepper; cook until anchovies are almost dissolved. Add olives, capers and pine nuts; cook 1 minute.
3. Toss hot pasta in large bowl with Parmesan. Add olive mixture and lemon juice; toss. Makes 4 servings.

Per serving: 770 calories, 31 g total fat, 6 g saturated fat, 12 mg cholesterol, 1,025 mg sodium, 99 g carbohydrates, 28 g protein, 232 mg calcium

Who Needs Jelly Beans.



Fluffy Lemon Fruit Pie

I can

JESS More Fruit Cherry

1 (6 oz.) KEEBLER READY CRUST

1 pkg. (4 serving size) JELL-O Lemon Flavor

Cream Pudding & Pie Filling

1 cup cold milk

1 (8 oz.) COOL WHIP

2 cups sliced fresh or frozen (thawed)

Cream Cheese

Large bowl

Layer

Pour

Refrigerate

Cool Whip







From left: Grilled Steak with Potato Light Shrimp Risot

THE DIET OF T

It's taken one hundred years of painful, sometimes oddball, trial and error, but now, as the 1990s tick to a close, researchers finally understand the secrets of weight loss. Joining forces with The American Dietetic Association, we've developed a diet based on all the best thinking, and then devised recipes delicious enough to serve to your family. We even put the plan to the test! By Janet Bailey



From left: Turkey Parmigiana; Chocolate Angel Food Cake

HE CENTURY

If you think your own experience with dieting has been hit-or-miss, just take a look at the checkered history of dieting itself. The weight-loss fads of the past hundred years have ranged from just plain silly (chew one hundred times per minute) to outright dan- rous (the "fen-phen" drugs linked to lung and heart mage). One "miracle" plan after another has omised to peel away pounds, but once the diet's er, same old story: back come the old eating habits, d the pounds, too. It's no wonder that respondents our *Ladies' Home Journal* American Woman Survey t year report that their weight is one of the most satisfying aspects of their lives—fully 61 percent are t happy with what the bathroom scale tells them.

But as it turns out, dieting for weight loss is a fairly ntemporary concept; before the 1900s, food shortage en made plumpness a sign of success—and therefo it was considered attractive. As recently as the turn of the century, actress Lillian Russell—all two hundred pounds of her—was known as the "American Beauty." By the 1920s, though, the flapper—skinny, carefree and almost androgynous—represented women's grow- ing independence, and designers were draping new clingy, bias-cut fabrics on slender models. The flapper faded, but thin remained the fashionable ideal.

To achieve that ideal, we've subjected ourselves to countless quick-fix schemes, from amphetamines in the forties (ineffective for long-term weight loss but still prescribed) to the behavioral-psychology theories of the fifties (use a knife and fork on your dinner roll so you'll eat slowly; associate a disgusting image with your fa- vorite food), to the parade of low-carbohydrate diets in the sixties and beyond (nutritionally deficient, and so extreme they practically guaranteed post-diet binge- ing). By looking at what works and what *(continued)*

DIET OF THE CENTURY

(continued) doesn't, we've learned a few things about how to lose weight for the long haul—without endangering your health or breaking your spirit in the process. The result is the *Ladies' Home Journal*/American Dietetic Association Diet of the Century. This diet doesn't aim for quick weight loss (which on fad diets is mostly water loss anyway); instead, the focus is on developing eating habits you can live with—and enjoy—for a lifetime. Deprivation has no place in this eating plan, either. Guided by the USDA Food Guide Pyramid (an outline of what to eat every day based on dietary requirements), the diet is low in fat, but you won't be hungry or bored while you follow it; our recipe suggestions offer plenty of variety, and there's room for snacks and desserts.

To put it to the test, we found twenty women around the country who needed to lose weight and had them follow the diet for twelve weeks. During that period, our dieters met three times with a registered dietitian for pep talks but also for practical assistance adapting the eating plan to fit their particular food likes and dislikes and activity levels. (For instance, dieters who worked out regularly could earn an extra dessert now and then.) When the three months were up, the dieters were on their own, and most of them chose to either continue the plan and lose more weight, or to go on maintenance, which involves planning meals using the Food Guide Pyramid, but also allows more servings (how many more depends on an individual's size, metabolism and activity level).

Of the twenty women we started with, all saw the diet through to the end and all lost weight—albeit some more than others. Compare this to the more common outcome, where by a wide margin diet failures outnumber successes. The three women highlighted here are representative of the group. Some lost a dramatic amount of weight; others had more modest results. But they all learned new healthy habits and feel encouraged that they can make them a permanent part of their lives. That's the beauty of the *Ladies' Home Journal*/American Dietetic Association Diet of the Century—beyond being research-based and healthy, it's eminently *doable*. We think you'll be as pleased with the results as our dieters were.

BENNETT, M.D. AND JOEL GURIN (BASIC BOOKS, 1982). "WOMEN'S NUTRITION FOR HEALTHY LIVING," BY SUSAN CALVERT FINN, PH.D., R.D., F.A.D.A. (BERKLEY PUBLISHING GROUP, 1997). "NEVER SATISFIED," BY HILLEL SCHWARTZ (FREE PRESS, 1986).

Lemon Chicken and Broccoli



Jan Sandvig



Fifty-one-year-old schoolteacher from Plymouth, Minnesota; married, three children. Height, 5'6" Starting weight, 141; Current weight, 113.

BIGGEST CHANGE: I'd been cooking things like spaghetti with meat sauce, never realizing the hi fat content. Now I'm using beans, very little mea fruits and vegetables. I feel like I'm eating more

THE EXERCISE HABIT: Once I made a commitme to get some exercise every day, I found it gave m energy. People tell me I'm walking down the hall with a real bounce.

WHAT'S DIFFERENT ABOUT THIS DIET: Having meals planned around the Food Guide Pyramid i much easier than counting calories, which has always been a big pain.

FAMILY SUPPORT: My husband jumped into this with me—he had high cholesterol and needed t lose weight, too. He's been walking with me and he's eating exactly what I'm eating. He's droppe two pants sizes!

SIGN SHE WAS ON THE RIGHT TRACK: A month two into the diet, my oldest daughter came back from college. She took one look at me and said, "Mother, what happened?"

NUTRITIONIST HELENBETH REISS REYNOLDS SAYS: I showed Jan h to measure portions using a food scale and measuring cups. It sou like work, but weighing your food for just a couple of days is a majo eye-opener—most of us underestimate how much we eat.





Karen McBrayer

Forty-six-year-old YMCA clerk from Marietta, Georgia; divorced, three children. Height, 5'6"; Starting weight, 158; Current weight, 141.

WHAT'S DIFFERENT: I just love to eat, and I've been losing weight and gaining it back since I was eighteen—the grapefruit diet, Dr. Atkins, herbal pills, diet drinks, you name it. This program doesn't even feel like a diet—it's been easy to stick to.

BIGGEST CHALLENGE: When I was growing up, we ate a lot of fried food and not many fruits or vegetables, so I never learned good eating habits. I had a vague idea of the basics of good nutrition but wasn't applying them to my life. Talking to a dietitian and having menus was a big help.

NEATEST TRICK: Second helpings are my downfall, so I'll serve myself at the counter instead of putting the serving dish on the table.

BEST STRATEGY: Not to beat myself up. If I eat more than I meant to, I don't think I blew it. I'll just make up for it the next day by exercising more or eating less.

NUTRITIONIST KATHLEEN ZELMAN SAYS: Karen loved chocolate and had to have it every day. Instead of denying herself, she ate a bite-sized candy bar—the kind you pass out at Halloween—to tisify the craving. Knowing that she could have chocolate ade her feel she didn't have to. Now she says she can go for ys without chocolate.



Soy-Ginger Salmon

DIET DATELINE

1898 Horace Fletcher slims down from 205 to 163 pounds by chewing one hundred times per minute; he recommends the technique as a digestive aid. By 1910, Fletcher is known as The Great Masticator, and "fletcherizing"—compulsive chewing of everything from carrots to soup—is wildly popular.





1918 Dr. Lulu Hunt Peters recommends lifelong calorie-counting in *Diet and Health With Key to the Calorie*, America's first best-selling diet book.

1919 Continental Scale Works produces the Health-O-Meter, the first bathroom scale.

1929 Advertisements for one brand of cigarettes urge women to "reach for a Lucky instead of a sweet."



1930s The Hollywood Diet—forerunner of several dozen "grapefruit diets"—is all the rage. Eighteen days, 585 calories a day: grapefruit, melba toast, green vegetables, hard-boiled eggs.



1934 The Strouse, Adler Company introduces "Smoothies of Lastex," a latex girdle to replace the bone and heavy rubber corsets of yore.

1936 Twenty-six thousand radio listeners regularly tune in to diet guru Victor Lindlahr's "reducing party."



1942–43 The Metropolitan Life Insurance Company publishes tables of "Ideal Weights" based on gender, height and frame size, and calls overweight "a national health problem of the first order." (Actuarial data showing underweight to be dangerous, too, get little attention.)



1948 Two thirds of patients treated for obesity are prescribed amphetamines—despite mounting evidence of their danger. ▶

DIET OF THE CENTURY



Three-Bean Chili

Valerie Ledgerwood





Thirty-three-year-old accounting clerk from Gilbert, Arizona; separated, three children. Height, 5'10"; Starting weight, 186; Current weight, 170.

BIGGEST SURPRISE: That I can be satisfied with smaller portions. There's a Mexican fast-food place that sells a great bean-and-cheese burrito. Instead of making that off-limits, I eat half and save the rest for later in the week—and I still get to enjoy it.

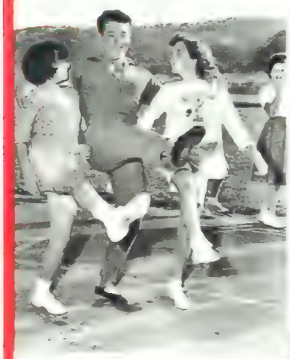
TOP TRICK: I don't always have time to follow the recipes, so I adapt them. Instead of making barbecued chicken, I'll broil breasts on Sunday, then during the week serve them with precut vegetables.

GREATEST CHALLENGE: I'm addicted to non-diet soda. I used to drink about three cans a day. Now I'm down to two a day—I count it as my snack—and I try to go without it one day each week.

SIGN SHE WAS ON THE RIGHT TRACK: When I visited family in Iowa, I was afraid I wouldn't be able to resist the homemade bread and corn-fed local beef. But I was able to stop eating when I was full.

NUTRITIONIST TAMMY BAKER SAYS: Valerie had trouble finding time for exercise—with three children, her schedule is unpredictable. Instead of a preset workout, she does whatever fits her schedule for that day—be it walking, swimming in the apartment pool or exercising to an aerobics video.

1958 Saccharin, manufactured in granules as Sweet 'N Low, appears in sugar bowls across America.



1960 Jack LaLanne's calisthenics program, which was first broadcast in 1951 on a local San Francisco station, is by now one of the most popular shows on daytime TV.

1961 Jean Nidetch and six friends meet in Nidetch's Queens, New York apartment to help one another lose weight. Nidetch loses 72 pounds; her support system grows into Weight Watchers.



1963 Coca-Cola introduces sugar-free Tab.

1967 Twiggy, at 5'7" and 92 pounds, is the world's first supermodel.



1972 *Dr. Atkins' Diet Revolution* promotes ketosis, in which the semi-starving body burns fat for fuel. As with other high-protein-and-fat, low-carb diets, possible side effects of the "revolutionary" program include elevated cholesterol, calcium loss and kidney damage.



1974 Twenty-five-year-old Richard Simmons opens Ruffage and the Anatomy Asylum, a Beverly Hills restaurant and exercise studio—beginning a career as fitness guru, videomeister, author and "court jester of health."




Trapped inside this wholesome
rolled oats crust is a sultry
little French pastry struggling
to get out.
SnackWell's Hearty Fruit 'n Grain Cereal Bars
oaded with rolled oats, whole wheat and real, honest-to-goodness
uit. With a scandalously luscious, I-can't-believe-this-is-good-for-
e taste. It's the soul of a French pastry. In the body of a cereal bar.
assion. Desire. Devotio
quovering beyond that.
LOW FAT
SnackWell's
HEARTY
Fruit 'n Grain
Cereal Bars

LHJ-ADA Three-Week Menu

Here's our meal-by-meal eating plan—it's simple enough to follow on your own. These balanced menus, which you can mix and match as you like, are based on the USDA Food Guide Pyramid. We aimed for an average of 1,550 total calories a day (1,400 calories from the menu and 150 from snacks or a dessert each day). You choose where the 150 calories come from (see "Snack Savvy," page 178, and "Sweet Treats," page 180, for suggestions). And remember, the more active you are, the faster you will shed pounds. This eating plan is one the whole family can enjoy, but if they aren't dieting with you, just increase their portion size.

BREAKFASTS

1 oz. (¾ to 1 cup) unsweetened ready-to-eat cereal, or 1 cup cooked hot cereal, with ½ cup sliced banana or 1 tablespoon raisins and ½ cup skim milk; 1 slice whole grain toast with 1 teaspoon jam; Coffee or tea

Wedge of cantaloupe or ½ cup strawberries; 1 scrambled egg or 2 egg whites cooked in nonstick skillet with vegetable cooking spray, rolled in one (6-inch) flour tortilla; 1 cup skim or 1% milk; Coffee or tea

¾ cup orange or grapefruit juice; 1 plain bagel or English muffin with 1 tablespoon nonfat cream cheese; ½ cup skim or 1% milk

LUNCHES

¾ cup mixed-vegetable juice; *Open-face ham and cheese sandwich:* 2 oz. lean ham topped with 2 thin slices (1 oz.) Jarlsberg cheese and 1 teaspoon honey mustard on 1 slice bread ½ cup cucumber slices mixed with 2 teaspoons balsamic or rice wine vinegar; 1 cup skim or 1% milk

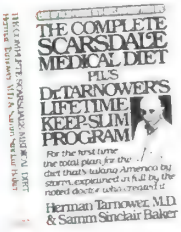
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Chicken-Vegetable Curry

1977 The FDA proposes a ban on saccharin. Nearly one hundred thousand consumers write letters of protest; Congress places a moratorium on the ban.





1978 *The Complete Scarsdale Medical Diet* is Dr. Herman Tarnower's version of the ever-popular high-protein, low-carb approach. Tarnower's notoriety is sealed when his ex-lover, Jean Harris, kills him.

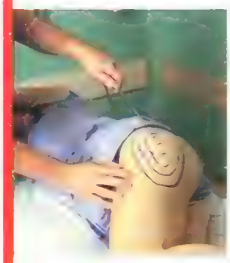
1979 The Pritikin Program recommends a high-fiber diet with less than 10 percent of calories from fat, no added salt or sugar, and regular aerobic exercise. Originally intended for heart patients, the stringent regimen catches on as a weight-loss plan.

1979 Wendy's hamburger chains add salad bars.



1980 The term *anorexia nervosa* first appears in the *Diagnostic and Statistical Manual*, a reference published by the American Psychiatric Association, listing all recognized psychiatric disorders.

1981 The six-week *Beverly Hills Diet* starts readers off with ten days of nothing but fruit. Diarrhea is a common side effect.



1982 The first liposuction is performed in the U.S. By 1996, it is the number-one cosmetic procedure—109,353 liposuctions are performed.

1982 NutraSweet is the first tabletop sweetener to use aspartame in the U.S.

1982 Jane Fonda exhorts viewers to "go for the burn," making *Jane Fonda's Workout* the country's top-selling video.



Campbell's

GREAT TASTE IN NO TIME



Try this fast family pleaser from Campbell's® and Minute® Rice.



15 Minute Chicken & Rice Dinner

- 1 tbsp. oil
- 4 small boneless skinless chicken breast halves (about 1 lb.)
- 1 1/2 cups water*
- 1 can (10 3/4 oz.) Campbell's Condensed Cream of Chicken Soup
- 1/4 tsp. *each* paprika and pepper
- 1 1/2 cups Minute® Original Rice, uncooked
- 2 cups fresh *or* thawed frozen broccoli flowerets

1. Heat oil in [illegible] nonstick skillet on medium-high heat. Add chicken; [illegible] min. on each side or until cooked through. Remove [illegible]
2. [illegible] water, soup and seasonings; stir. Bring to a boil.
3. [illegible] rice and broccoli. Top with chicken; cover. Cook on low heat [illegible] min. or until rice is tender. Makes [illegible] cups

*[illegible] chicken breast halves may require additional cooking time.

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DIET OF THE CENTURY



Orange Pound Cake

(continued)

Pasta-vegetable salad: 1 cup cooked pasta tossed with 1 cup steamed vegetables and 1 tablespoon low-fat or fat-free vinaigrette; 1 cup nonfat fruit yogurt

1 cup prepared vegetable or lentil soup; 1 small whole wheat roll; 1 oz. reduced-fat cheese; 1 piece fresh fruit

DINNERS - WEEK 1

Sunday Three-Bean Chili* with rice; 1 cup mixed green salad with 2 teaspoons low-fat or fat-free dressing; Baked tortilla chips

Monday 4 oz. skinless, boneless chicken breast, marinated in fat-free Italian dressing and grilled; ½ cup cooked bulgur wheat; ½ cup steamed sugar snap peas or green beans; 1 slice French or Italian bread

Tuesday ½ grapefruit; Shells with Tuna and Peppers*; 1 to 2 slices Italian bread; Green salad with lemon wedge

Wednesday Marinated cucumbers: 2 cucumbers, peeled, seeded and diced; 6 sliced radishes mixed with 2 tablespoons rice wine vinegar, 1 teaspoon *each* sugar and soy sauce; Asian Pork and Vegetables* with brown rice

Thursday 4 oz. scrod, flounder or other white fish, broiled with lemon; 2 small red potatoes, boiled; ½ cup steamed sliced zucchini or other green vegetable; 2 slices French or Italian bread; 1 teaspoon butter or margarine

Friday Wedge of melon; 1 cup cooked pasta topped with ½ cup prepared marinara sauce; 2 cups mixed green salad with 1 tablespoon fat-free dressing; 2 breadsticks

Saturday Chicken-Vegetable Curry* with couscous; 1 cup spinach salad with 2 teaspoons fat-free dressing

DINNERS - WEEK 2

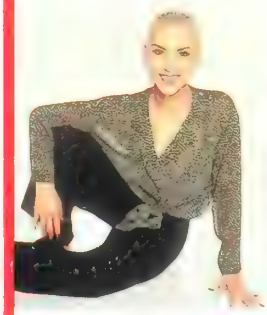
Sunday Grilled Steak Fajitas* with rice; Sliced orange and red onion salad: ½ cup sliced oranges layered with red onion rings and sprinkled with 1 teaspoon fat-free dressing

(continued)

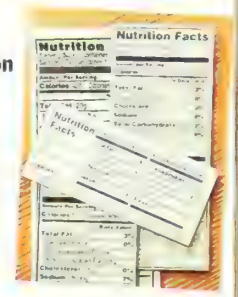
*Recipes begin on page 176.



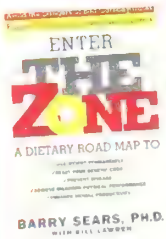
1988 Oprah Winfrey loses 67 pounds on the liquid diet, Optifast, only to gain it back—and then some. By the mid-nineties, though, she's a buffed 150 pounds, thanks to self-searching, low-fat gourmet meals, and twice-daily workouts designed by her personal trainer. "I'm a recovering foodaholic," she tells LHJ. "It never goes away."



1993 "Stop the insanity!" hollers a buzz-cut, formerly 260-pound Susan Powter. In her infomercial and best-selling book, Powter urges women to throw away the scale, stop starving themselves, and exercise 30 minutes a day. "Eat. Move. Breathe," she orders.



1994 Under the Nutrition Labeling and Education Act, food labels must include detailed information about fat, fiber and calorie content—for consumers motivated to read them.



1995 High-protein eating returns in *The Zone.* Biochemist Barry Sears tells us to dine like cavemen: Stock up on protein, fruits and vegetables; skip the breads and pasta.

1996 An estimated six million Americans are taking fen-phen (the appetite suppressant fenfluramine or dexfenfluramine, plus the amphetamine phentermine), based on a single 1992 study of the combination's effectiveness. Drug manufacturers pull the products off the market in 1997, after FDA reports that the "fen" drugs can cause potentially fatal heart defects.



1996 In a study of 2,379 preadolescent girls, the National Heart, Lung and Blood Institute finds that 40 percent of nine- and ten-year-olds were trying to lose weight.

Grilled Cheese ON WHITE.



PIZZA PORK HOAGIES

6 4-oz. boneless pork loin chops, cut into thin strips

1/2 cup Italian dressing

1/2 cup pizza sauce

1/2 cup (2 oz.) shredded mozzarella cheese

6 sandwich buns

—

Place pork strips and Italian dressing into a self-sealing plastic bag. Marinate in refrigerator 2-24 hours. Drain marinade and discard. Heat a large nonstick skillet over medium heat; add pork strips and stir-fry until just done and lightly browned, 6-8 minutes. Open sandwich buns and place on cookie sheet. Spread 1 1/2 T. pizza sauce over bottom halves of buns. Divide pork strips into 6 equal parts and place atop pizza sauce. Top each pork sandwich with 1 1/2 T. shredded cheese. Bake in a 350°F oven for 5 minutes or until cheese melts and bun is lightly toasted. Close buns to serve. Serves 6.

Approximate nutrition information per serving: Calories: 402, Protein: 32 g., Carbohydrates: 35 g., Dietary Fiber: 1 g., Fat: 12 g., Sat. Fat: 4 g., Cholesterol: 76 mg., Sodium: 601 mg.

Pork Cuts Suitable for Use: Loin Chops

Recipe Source: National Pork Producers Council in cooperation with the National Pork Board

pork

The Other White Meat

ther pork recipes, a self-addressed, ped, business-sized ope to: Recipes Ad, Box 10383 Recipes B, Moines, Iowa 50306. sit our Web site at www.nppc.org/

DIET OF THE CENTURY

(continued)

Monday ¾ cup mixed-vegetable juice; ¼ barbecued chicken, skin removed (homemade or takeout); 1 cooked ear corn on the cob or ½ cup cooked corn kernels; ½ cup health salad (from deli); 1 to 2 slices Italian bread

Tuesday Carrot and celery sticks; Soy-Ginger Salmon* with sesame spinach and orzo

Wednesday Burger with the works: 4 oz. extra-lean ground round, grilled, served on toasted English muffin topped with 1 teaspoon ketchup, 2 lettuce leaves, 2 tomato slices and 1 slice sweet onion; Small baked potato topped with 2 tablespoons prepared salsa

Thursday Hearty Vegetable Soup*; 2 slices whole grain bread with 1 oz. reduced-fat cheese

Friday Turkey Parmigiana* with spaghetti; ½ cup steamed broccoli

Saturday Light Shrimp Risotto*; 1 cup mixed green salad with 2 teaspoons low-fat or fat-free dressing; Small dinner roll

DINNERS - WEEK 3

Sunday Carrot and celery sticks; Pork with Apples and Cabbage*; 1 cup mixed green salad with 2 teaspoons fat-free salad dressing

Monday ¼ pound grilled turkey sausages; ½ cup cooked noodles or orzo; ½ cup sautéed peppers and onions (cooked in nonstick skillet coated with vegetable cooking spray); 1 small (6-inch) pita bread

Tuesday Citrus-Baked Sea Bass*; ½ cup cooked couscous; 1 cup spinach salad with 2 teaspoons fat-free dressing

Wednesday 1 cup prepared vegetable soup; Chef's Salad: 2 cups mixed salad greens tossed with 1 oz. cooked turkey strips, 1 oz. cooked lean ham or roast beef strips, 1 oz. Jarlsberg cheese strips, ½ cup assorted cut-up vegetables (fresh mushrooms, cooked green beans, broccoli, carrots, cucumber, tomatoes, bell peppers) and 1 tablespoon nonfat dressing; 1 to 2 slices Italian bread

Thursday Rigatoni with Vegetables*; 2 cup salad greens with 1 tablespoon low-fat or nonfat dressing; 1 slice Italian bread

Friday 1 cup sliced jicama tossed with 2 teaspoons fresh lime juice and ¼ teaspoon salt; Lemon Chicken and Broccoli* with rice

Saturday Grilled Steak with Potatoes*; Sliced tomato and cucumber salad

Note: If a beverage is not specified in the menu, you may have water, unsweetened coffee or tea, or another noncaloric drink. If you want a glass of wine or beer, trade your daily snack or dessert calories for 1 serving.

THREE-BEAN CHILI

Going meatless at least once a week is the trendy, healthful way to diet in the nineties, and this vegetarian chili is so chock-full of goodies, you'll never miss the meat. Perfect for serving with rice.

Prep time: 30 minutes ○ ▼ ▽
Cooking time: 50 to 55 minutes

1 tablespoon vegetable oil
2 cups chopped onions
2 tablespoons chopped garlic
3 tablespoons chili powder
1 teaspoon cumin
1 teaspoon salt
1 teaspoon seeded, minced chipotle in adobo (optional)*
1 can (28 oz.) whole tomatoes in puree, cut up
1 can (14½ oz.) vegetable broth
1 cup diced red pepper
1 cup diced green pepper
2 cups diced butternut squash
1 can (15½ or 19 oz.) black beans
1 can (15½ or 19 oz.) kidney beans
1 can (15½ or 19 oz.) chickpeas
¼ cup chopped fresh cilantro
2 cups cooked rice

1. Heat oil in Dutch oven over medium heat. Add onions and garlic and cook 5 to 7 minutes, until softened. Stir in chili powder, cumin, salt and chipotle; cook, stirring, 1 to 2 minutes. Add tomatoes and broth and simmer 15 minutes. Stir in both peppers; simmer 10 minutes. Add squash and cook 10 minutes more.
2. Drain and rinse beans and chickpeas; add to Dutch oven and simmer until heated through. Stir in cilantro. Serve with rice. Makes 8 servings.

* AVAILABLE FROM MO HOTTA-MO BETTA 800-462-3220

PER SERVING	DAILY GOAL
[illegible]	[illegible]
[illegible]	[illegible]
[illegible]	[illegible]
[illegible]	300 mg or less
Sodium	[illegible]
[illegible]	250 g or more
[illegible]	55 g to 90 g
[illegible]	[illegible]



SHELLS WITH TUNA AND PEPPERS

Fastest Recipe Of The Month

Willpower can fail fast when you're ravenous and need dinner *now*. Next time you're tempted to grab a quick take-out cheeseburger, whip up this recipe instead. It takes just minutes to prepare.

Total prep time: 15 minutes ○ ▼ ▽

1 jar (7 oz.) roasted red peppers, drained and cut into thin strips
1 can (6.5 oz.) solid white tuna packed in water, drained
1 jar (6 oz.) marinated artichoke hearts, drained and sliced
¼ cup chopped fresh mint
2 tablespoons olive oil
1 tablespoon drained capers
1 teaspoon minced garlic
1 pound shell or cavatelli pasta, cooked according to package directions
2 teaspoons balsamic vinegar
¾ teaspoon salt
½ teaspoon freshly ground pepper

Combine red peppers, tuna, artichoke hearts, mint, oil, capers and garlic in large serving bowl. Add hot pasta and toss. Stir in vinegar, salt and pepper. Makes 6 servings.

Per serving: 400 calories, 8 g total fat, 1 g saturated fat, 12 mg cholesterol, 657 mg sodium, 62 g carbohydrates, 19 g protein, 28 mg calcium

ASIAN PORK AND VEGETABLES

Forget the days when dieting meant filling up on protein and skimping on carbohydrates. Today's advice makes more sense—eat smaller portions of lean protein along with low-fat carbs like rice and vegetables. *(continued)*

○ Easy ● Challenging ▼ Low-fat
◒ Moderate ○ Microwave ▽ Low-calorie
❄ Can be frozen up to 1, 3, 6, or 9 months


When
Almonds
are in...
vegetables
create quite
a stir.
almonds are in!
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DIET OF THE CENTURY



(continued)

Prep time: 20 minutes plus standing
Cooking time: 16 to 18 minutes ○ ▼ ▽

3 tablespoons soy sauce
¼ teaspoon grated lime peel
2 tablespoons fresh lime juice, divided
1 tablespoon chopped fresh ginger
1 tablespoon chopped garlic
1 pork tenderloin (1 lb.), cut into strips
1 teaspoon vegetable oil
1 cup fat-free chicken broth
½ pound shiitake mushrooms, sliced
3 medium carrots, sliced diagonally
1 teaspoon chopped jalapeño chile
4 ounces snow peas, trimmed
1 teaspoon cornstarch stirred into 1 tablespoon water
¼ cup thinly sliced fresh basil
2 cups cooked brown rice

1. Combine soy sauce, peel, 1 tablespoon juice, ginger and garlic in dish. Toss in pork; let stand 15 minutes.
2. Heat oil in 12-inch nonstick skillet over medium-high heat. Add half the pork with slotted spoon and cook, turning once, 4 to 5 minutes, until browned. Remove and keep warm. Repeat process with remaining pork, reserving marinade.
3. Add reserved marinade, broth, mushrooms, carrots and jalapeño to skillet. Bring to boil; cover and cook 5 minutes. Stir in peas; cover and cook 2 minutes. Stir in cornstarch mixture; boil 1 minute. Add basil; return pork and cook until heated through. Serve with rice. Makes 4 servings.

Per serving: 350 calories, 8.5 g total fat, 2.5 g saturated fat, 75 mg cholesterol, 994 mg sodium, 38 g carbohydrates, 30 g protein, 60 mg calcium

CHICKEN-VEGETABLE CURRY

Boredom can be a dieter's downfall, but not with this recipe. The mix of colorful vegetables, tender chicken and bold spices will perk up your palate while you battle the bulge.

Prep time: 20 minutes
Cooking time: 49 to 53 minutes ○ ▼

1 pound cubed chicken breasts
1½ teaspoons salt, divided
⅛ teaspoon freshly ground pepper
2 teaspoons vegetable oil
1 cup diced onions
1 tablespoon chopped garlic
2 teaspoons chopped fresh ginger
2 tablespoons curry powder
1 teaspoon cumin
⅛ teaspoon ground red pepper (optional)
1½ cups fat-free chicken broth
1 all-purpose potato (8 oz.), diced
1 sweet potato (8 oz.), diced
1 package (16 oz.) cauliflower florets
3 carrots, sliced
½ pound green beans, trimmed and halved
1 cup low-fat unsweetened coconut milk
¼ cup sliced green onions
2 cups cooked couscous

1. Sprinkle chicken with ¼ teaspoon salt and pepper. Heat oil in Dutch oven over medium heat. Add chicken and cook, stirring, 5 to 7 minutes, until golden. Transfer to bowl.
2. Add onions, garlic, ginger and ¼ cup broth to Dutch oven; cover and cook over medium heat 7 to 8 minutes, until onions are golden. Stir in curry, cumin, red pepper and remaining 1¼ teaspoons salt; cook until fragrant, 30 seconds. Stir in remaining broth and potatoes. Bring to a boil. Reduce heat; cover and simmer 10 minutes. Add cauliflower and carrots; simmer 10 minutes more. Stir in chicken, beans and coconut milk. Simmer, covered, 15 minutes, until vegetables are tender. Stir in green onions. Serve with couscous. Makes 4 servings.

Per serving: 475 calories, 8 g total fat, 3 g saturated fat, 66 mg cholesterol, 1,229 mg sodium, 65 g carbohydrates, 38 g protein, 139 mg calcium

GRILLED STEAK FAJITA

Start with a tortilla. Stuff it with lean sirloin, vegetables, rice and salsa. You'll leave the dinner table feeling satisfied—the secret to successful weight loss.

Prep time: 15 minutes
Cooking time: 12 to 16 minutes ○ ▼ ◎

2 teaspoons vegetable oil
2 green peppers, sliced
1 red pepper, sliced
1 medium onion, sliced
1 tablespoon chopped garlic
¾ teaspoon salt, divided
½ teaspoon cumin

SNACK SAVVY

Snacking while dieting isn't taboo. In fact, it's a good idea, because it can keep you from pigging out at dinnertime. Here are some smart snack suggestions (or choose any snack that is 150 calories or less).

LESS THAN 150 CALORIES
1 oz. fat-free potato chips
8 baked tortilla chips with 2 T. salsa
2 fig-filled cookies

LESS THAN 100 CALORIES
½ cup seltzer or sparkling water mixed with ½ cup cranberry juice cocktail
3 cups unbuttered air-popped popcorn
3 plain breadsticks
2 rice cakes spread with 1 teaspoon jam
2 flatbreads
½ cantaloupe
1 piece fresh fruit (such as banana, apple)
1 cup prepared chicken noodle soup
¾ cup prepared sugar-free hot chocolate

LESS THAN 50 CALORIES
10 baby carrots
10 pretzel sticks
1 sugar-free frozen pop



½ teaspoon chili powder
¼ teaspoon freshly ground pepper
¼ teaspoon oregano
⅛ teaspoon cinnamon
1 pound top sirloin, trimmed
4 (10-inch) burrito-size tortillas
1 cup prepared salsa
2 cups cooked rice

1. Heat grill. Heat oil in large nonstick skillet over medium heat. Add peppers, onion and garlic. Cook, stirring occasionally, until softened, 10 to 12 minutes. Stir in ¼ teaspoon salt.
2. Meanwhile, combine remaining ½ teaspoon salt, cumin, chili powder, pepper, oregano and cinnamon in cup. Sprinkle on steak. Grill (continued)

Pardon me, would you have 1/3 cup of Grey Poupon?

(continued) steak 6 to 8 minutes per side for medium rare.
3. Microwave tortillas in dampened paper towels on High 30 to 50 seconds. Slice meat. Divide meat in center of each tortilla; top with vegetables. Roll up. Serve with salsa and rice. Makes 4 servings.

Per serving: 525 calories, 13 g total fat, 3.5 g saturated fat, 76 mg cholesterol, 1,378 mg sodium, 65 g carbohydrates, 34 g protein, 113 mg calcium

SOY-GINGER SALMON

Food Editor's Favorite

The salmon marinates in a soy-ginger sauce. Sesame seeds are toasted for a tastier crunch; a touch of sesame oil is added for a flavor punch.

Prep time: 15 minutes plus standing
Cooking time: 8 to 10 minutes ○ ▼

3 tablespoons soy sauce
2 tablespoons water
1 tablespoon sugar
½ teaspoon grated fresh ginger
1 (1 lb.) salmon fillet, cut into 4 pieces
½ teaspoon sesame seeds
2 teaspoons vegetable oil
Vegetable cooking spray
½ teaspoon minced garlic
3 bags (10 oz. each) fresh spinach, stems removed
2 tablespoons water
½ teaspoon salt
¼ teaspoon Asian sesame oil
2 cups cooked orzo
4 green onions, for garnish

1. Combine soy sauce, water, sugar and ginger in baking dish. Add salmon, turning to coat, and let stand 15 minutes.
2. Meanwhile, heat a large nonstick skillet over medium heat 1 minute. Add sesame seeds and toast 2½ to 3 minutes.
3. Add vegetable oil to same skillet and heat 1 minute over medium-high heat. Add salmon, skin side up; cook 3 to 4 minutes. Reduce heat to medium; turn salmon, cover and cook 3 minutes more, until cooked through. Transfer salmon to plate; discard skin. Add remaining marinade to skillet and boil 1 to 2 minutes, until syrupy.
4. Meanwhile, lightly coat Dutch oven with vegetable cooking spray. Heat 1 minute over medium heat. Add garlic, spinach and water. Cover and cook 3 to 4 minutes, stirring, until spinach is wilted. Stir in salt and sesame oil. Serve salmon topped with soy glaze and sesame seeds with spinach and orzo. Garnish with green onions. Makes 4 servings.

Per serving: 405 calories, 11.5 g total fat, 1.5 g saturated fat, 62 mg cholesterol, 1,079 mg sodium, 43 g carbohydrates, 33 g protein, 181 mg calcium

HEARTY VEGETABLE SOUP



Take advantage of the huge assortment of fresh, seasonal vegetables on the market—they can be a dieter's best friend.

Prep time: 20 to 25 minutes ○ ▼ ▽
Cooking time: 30 to 32 minutes

1 cup quick-cook barley
2 tablespoons olive oil
1 bunch leeks (1 lb.), white part only, sliced
2 portobello mushrooms (8 oz.), diced
7½ cups fat-free chicken broth
5 medium carrots, cut into strips
¾ teaspoon salt
¼ teaspoon thyme
⅛ teaspoon freshly ground pepper
2 cups peeled, diced butternut squash
1 medium zucchini (8 oz.), diced
1 large bunch spinach (1 lb.)
Freshly grated Parmesan cheese (optional)
Thin breadsticks (optional)

1. Cook quick-cook barley according to package directions.
2. Meanwhile, heat oil in Dutch oven over medium-low heat. Cook leeks 10 minutes, stirring occasionally, until softened. Add mushrooms and cook 5 minutes more. Add broth, carrots, salt, thyme and pepper. Bring to simmer over medium-high heat. Reduce heat to medium and stir in squash and zucchini; simmer 8 to 10 minutes, until vegetables are tender. Stir in spinach and barley; continue simmering until spinach wilts. Serve with Parmesan and breadsticks, if desired. Makes 6 servings.

Per serving: 285 calories, 6 g total fat, 1 g saturated fat, 0 mg cholesterol, 1,033 mg sodium, 50 g carbohydrates, 12 g protein, 156 mg calcium

SWEET TREATS

Fear not! You needn't go dessert-less while you diet, as long as your choices are wise ones. Some sweet-ending options (see also desserts, pages 186 and 187):

½ cup low-fat frozen yogurt
½ cup fruit sorbet
Plain frozen-yogurt pop
Frozen fruit bar or pop
½ cup fruit-flavored gelatin
Baked apple topped with 1 tablespoon low-fat vanilla yogurt
2 gingersnaps, vanilla wafers or graham crackers
1 slice (1-inch) angel food cake topped with ½ cup sliced fresh strawberries
½ cup applesauce
1 piece fresh fruit
4 Hershey's Kisses
2 miniature candy bars

TURKEY PARMIGIANA

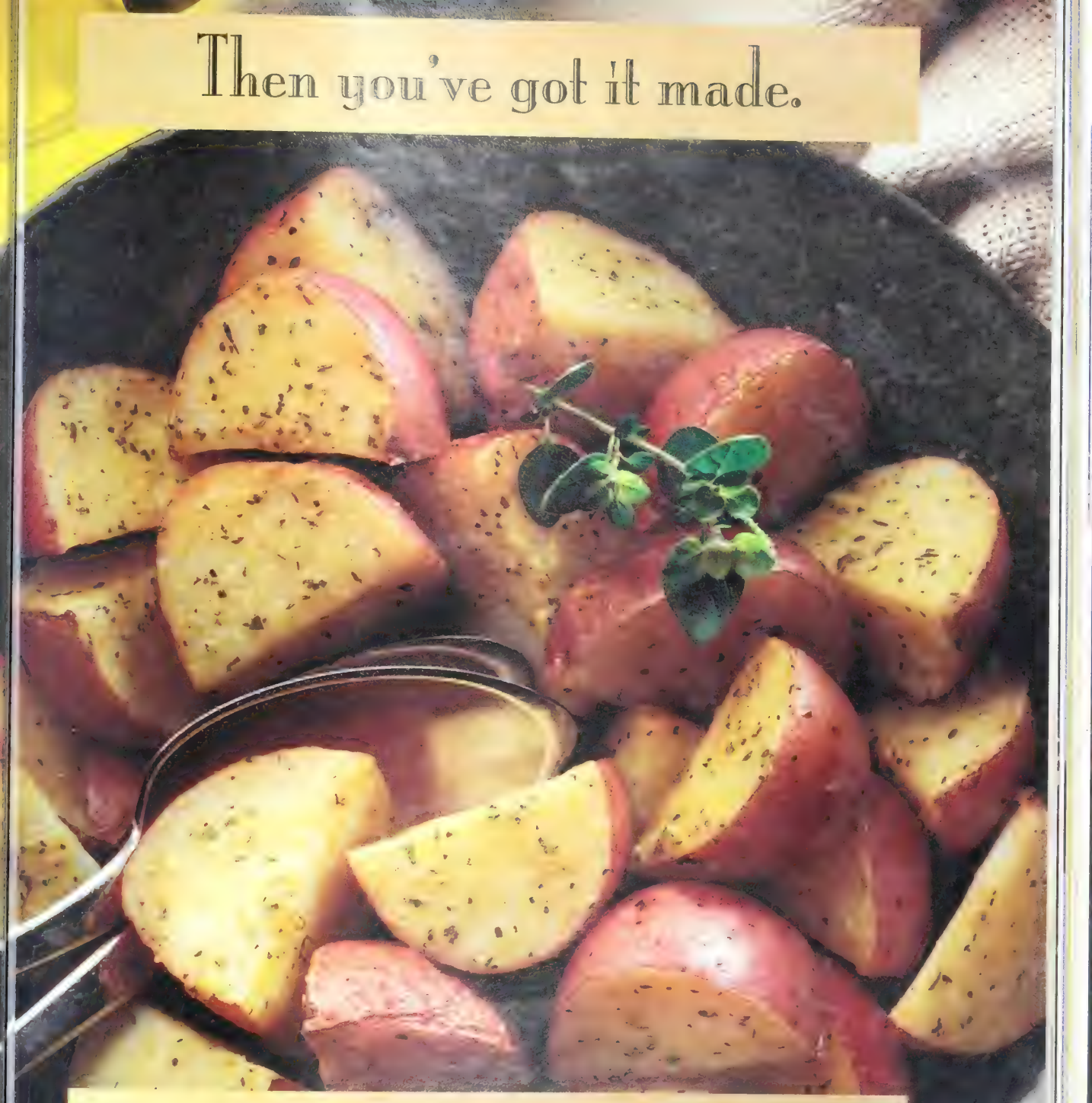
The turkey cutlets are "fried" in the oven to save on oil. A topping of marinara sauce and a side of spaghetti completes this hearty meal.

Prep time: 20 minutes ○ ▼
Baking time: 20 to 25 minutes

Vegetable cooking spray
2 large egg whites
1 tablespoon water
½ cup Italian-style bread crumbs
2 tablespoons grated Parmesan cheese
1 pound turkey cutlets, cut in half
¼ teaspoon salt
¼ teaspoon freshly ground pepper
1 jar (14 or 15½ oz.) prepared marinara sauce, divided
½ cup shredded part-skim mozzarella cheese
8 ounces spaghetti, cooked according to package directions
8 sprigs fresh thyme, for garnish

1. Heat oven to 375°F. Lightly coat a jelly-roll pan with cooking spray.
2. Lightly beat egg whites and water in shallow dish. Combine bread crumbs and Parmesan in another dish. Sprinkle turkey with salt and pepper.
3. Dip turkey into egg white, then coat with crumbs. Place on prepared pan. Bake 10 minutes. Divide and spread 1 cup marinara sauce over turkey; sprinkle tops evenly with cheese. Bake 10 to 15 minutes more.
4. Heat remaining sauce *(continued)*

Then you've got it made.



Herb-Roasted Potatoes Poupon

1/3 cup Grey Poupon Dijon Mustard
2 tablespoons olive oil
1 clove garlic, chopped
1/2 teaspoon Italian seasoning
6 medium red skin potatoes (about 2 pounds), cut into chunks

Mix all ingredients except potatoes in small bowl. Place potatoes in lightly greased 13x9x2-inch baking pan or on shallow baking sheet; toss with mustard mixture. Bake at 425°F for 35 to 40 minutes or until potatoes are fork tender, stirring occasionally. Makes 4 servings.



Grey Poupon blends so smoothly and completely, the only thing that stands out is your cooking.

Grey Poupon & potatoes. But of course.

(continued) and toss with hot spaghetti; serve with turkey and garnish with thyme. Makes 4 servings.

Per serving: 535 calories, 9.5 g total fat, 3 g saturated fat, 81 mg cholesterol, 1,529 mg sodium, 66 g carbohydrates, 46 g protein, 195 mg calcium

LIGHT SHRIMP RISOTTO

This classic rice dish tastes as luscious and creamy as the Italian original, but is easier on the waistline. Our version uses the broth made by boiling the shrimp shells in water.

Prep time: 20 minutes ○ ▼ ▽
Cooking time: 55 to 62 minutes

1 pound medium shrimp, peeled and deveined, shells reserved
1 teaspoon salt, divided
½ teaspoon freshly ground pepper, divided
2 cups water
3½ cups fat-free chicken broth
2 teaspoons olive oil, divided
1 cup finely chopped onions
1 tablespoon minced garlic
¼ teaspoon saffron threads
1 cup arborio or medium-grain rice
1 cup finely chopped fennel or ½ cup celery
1 cup white wine
1 cup frozen peas
Fennel fronds, for garnish

1. Combine shrimp, ½ teaspoon salt and ¼ teaspoon pepper in small bowl.
2. Bring shrimp shells and water to boil in medium saucepan. Reduce heat and simmer 10 minutes. Strain broth into bowl; discard shells. Return broth to saucepan; pour in chicken broth and bring to a simmer.
3. Heat 1 teaspoon oil in Dutch oven over medium heat. Cook shrimp 2 minutes, turning once, until opaque. Transfer to plate; set aside. Heat remaining 1 teaspoon oil in Dutch oven; add onions and garlic. Cook, stirring, 2 minutes. Stir in saffron and rice to coat grains, 1 minute. Stir in fennel, wine, remaining ½ teaspoon salt and ¼ teaspoon pepper. Cook 3 to 5 minutes, until liquid is absorbed.
4. Set aside ½ cup warm shrimp-chicken broth. Stir another 1 cup broth into rice. Cook, stirring, 2 minutes, until liquid is just absorbed. Gradually add remaining broth, stirring, ½ cup at a time, until liquid is absorbed and rice is tender, 30 to 35 minutes. Stir in reserved ½ cup broth mixture, peas and shrimp. Cook 5 minutes more, until heated through. Garnish with fennel fronds. Makes 4 servings.

Per serving: 400 calories, 4.5 g total fat, 1 g saturated fat, 140 mg cholesterol, 1,282 mg sodium, 50 g carbohydrates, 27 g protein, 93 mg calcium

PORK WITH APPLES AND CABBAGE

Eating a variety of healthy foods is your best bet for slimming down and staying there. By combining choices from four of the groups in the Food Guide Pyramid (meats, fruits, vegetables and grains), this main dish helps you accomplish that goal.

Prep time: 25 minutes ○ ▼
Roasting time: 30 to 40 minutes

Vegetable cooking spray
2 tablespoons honey mustard
1 (1 lb.) pork tenderloin

BEST BETS WHEN EATING OUT

Craving a fast-foods fix or planning to dine out? Here are some sensible dishes to select from the menu.

FAST FOOD
Plain burger on bun
Grilled chicken breast sandwich with lettuce and tomato (sauce on the side)
Baked potato topped with ½ cup chili
Plain cheese pizza topped with vegetables
Greens, vegetables and meats from the salad bar with fat-free dressing
Grilled chicken salad with low-fat dressing on the side

ITALIAN
Pasta with marinara or vegetable sauce
Grilled seafood or fish
Steamed broccoli rabe or escarole
Minestrone soup
Fruit ices for dessert

MEXICAN
Soft tacos with salsa
Fajitas without sour cream or cheese
Bean soup without sour cream or cheese
Chicken with rice (*Arroz con Pollo*)
Flan for dessert

CHINESE
Wonton soup
Hot-and-sour soup
Steamed dumplings
Steamed chicken, scallops or shrimp with vegetables
Steamed tofu dishes



¾ teaspoon freshly ground pepper, divided
¼ teaspoon thyme
3 Golden Delicious apples, cored and sliced
2 teaspoons vegetable oil
1 medium onion, sliced
8 cups thinly sliced green cabbage
1 cup bulgur
1¾ cups water
1 teaspoon salt
Pinch allspice
¼ cup apple juice or water
Fresh thyme sprigs, for garnish

1. Heat oven to 425°F. Coat jelly-roll pan with vegetable cooking spray. Spread mustard over pork; sprinkle with ¼ teaspoon pepper and thyme. Arrange in pan; surround with apples.
2. Roast 30 to 40 minutes (depending on thickness of tenderloin) until instant-read meat thermometer inserted in center of meat reaches 155°F.
3. Meanwhile, heat oil in 12-inch nonstick skillet over medium-high heat. Add onion and cook, stirring, 8 to 10 minutes, until golden. Add cabbage, bulgur, water, salt, remaining ½ teaspoon pepper and allspice. Reduce heat to low; cover and simmer 20 minutes, until bulgur is tender.
4. Transfer pork to cutting board; keep warm. Add apple juice to apples in pan, stirring, to scrape up any browned bits. Serve pork with cabbage-bulgur pilaf and apple mixture. Garnish with thyme. Makes 4 servings.

Per serving: 425 calories, 9 g total fat, 2.5 g saturated fat, 67 mg cholesterol, 630 mg sodium, 59 g carbohydrates, 30 g protein, 104 mg calcium

CITRUS-BAKED SEA BASS

If you can't find sea bass, substitute cod or halibut. Because these varieties of fish are low in fat and calories, you can splurge on a slightly larger portion.

Prep time: 30 minutes ○ ▼ ▽
Baking time: 12 to 15 minutes

(continued

The last thing you want to hear after serving your holiday ham is "Nice China."



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DIET OF THE CENTURY



...continued

4 sea bass fillets (4 to 5 oz. each)
½ teaspoon salt, divided
⅛ teaspoon freshly ground pepper
1 red onion, cut in half
1 lime, cut in half
2 oranges, peeled
½ ripe avocado, peeled and cubed
½ cup finely diced jicama
1 tablespoon chopped fresh cilantro
1 teaspoon minced fresh jalapeño chile

1. Heat oven to 400 F. Sprinkle fish with ⅛ teaspoon salt and pepper. Place fish in glass baking dish. Cut one half onion into thin slices. Cut 4 thin slices from half of lime. Arrange lime and onion slices on each fillet. Bake fillets 12 to 15 minutes, or until just cooked.
2. Meanwhile, remove white pith from oranges; cut into segments, then cut each segment in half. Transfer orange pieces to small bowl. Mince 1 tablespoon onion from remaining onion half and squeeze 1 tablespoon lime juice from remaining lime half; add to orange pieces with avocado, jicama, cilantro, jalapeño, and remaining ⅛ teaspoon salt. Serve with baked fish. Makes 4 servings.

Per serving: 225 calories, 6.5 g total fat, 1.5 g saturated fat, 52 mg cholesterol, 238 mg sodium, 18 g carbohydrates, 25 g protein, 68 mg calcium

RIGATONI WITH VEGETABLES

Budget Recipe Of The Month



A robust baked pasta bursting with flavor sounds too good to be on a diet menu! But this rigatoni with roasted vegetables is light enough to fit in.

Prep time: 45 minutes ○ ▼ ▽
Baking time: 20 to 25 minutes

Vegetable cooking spray
2 teaspoons garlic-flavored olive oil
1 eggplant (about 1 lb.), peeled and cubed
2 medium zucchini, cubed
1 package (10 oz.) mushrooms, diced
1 medium onion, diced
½ teaspoon salt
¼ teaspoon freshly ground pepper
2 cups prepared marinara sauce
½ pound rigatoni, cooked according to package directions
¼ cup freshly grated Parmesan cheese
1 cup shredded reduced-fat mozzarella cheese
Fresh rosemary sprigs, if desired

1. Heat oven to 450°F. Lightly coat 2 jelly-roll pans with vegetable cooking spray. Drizzle oil over eggplant, zucchini, mushrooms and onion; toss. Arrange vegetables on both pans. Sprinkle with salt and pepper. Roast 30 minutes, until vegetables are tender.
2. Reduce oven temperature to 400°F. Spread ½ cup sauce over bottom of 13x9-inch baking dish. Combine pasta, vegetables, 1 cup sauce and Parmesan in bowl. Spoon into prepared dish. Spread remaining ½ cup sauce over top and sprinkle with mozzarella cheese. Bake 20 to 25 minutes, until bubbly. Garnish with rosemary. Makes 6 servings.

Per serving: 380 calories, 11.5 g total fat, 3 g saturated fat, 10 mg cholesterol, 1,361 mg sodium, 55 g carbohydrates, 17 g protein, 301 mg calcium

LEMON CHICKEN AND BROCCOLI

Stir-frying is a slim way to cook if you watch the oil and use a nonstick skillet.

Prep time: 20 minutes ○ ▼ ▽
Cooking time: 14 to 15 minutes

1 pound boneless chicken cutlets
¼ teaspoon salt
⅛ teaspoon freshly ground pepper
2 teaspoons vegetable oil, divided
1 tablespoon minced fresh ginger, divided
1 tablespoon chopped garlic, divided
1 bunch broccoli (1½ lbs.), cut into florets, stems peeled and sliced
1 cup fat-free chicken broth
2 teaspoons cornstarch
2 tablespoons soy sauce
½ teaspoon grated lemon peel
3 tablespoons fresh lemon juice
4 green onions, cut into 2-inch pieces
2 cups cooked rice

1. Slice chicken into ½-inch-wide strips and sprinkle with salt and pepper.
2. Heat 1 teaspoon oil in large nonstick skillet over medium-high heat. Add half the chicken and half the ginger and garlic. Cook, turning once, 5 minutes, until chicken is golden. Transfer chicken with slotted spoon to a plate. Add remaining chicken to pan and cook 5 minutes as directed.
3. Heat remaining 1 teaspoon oil in same skillet over medium heat. Add remaining ginger and garlic, as well as broccoli and broth. Bring to a boil; cover and simmer 3 to 4 minutes. *(continued)*

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DIET OF THE CENTURY

(continued)

4. Combine cornstarch, soy sauce, peel and lemon juice in cup. Add to skillet; boil 1 minute. Return chicken to skillet; add onions and cook until chicken is heated through. Serve with rice. Makes 4 servings.

Per serving: 305 calories, 4.5 g total fat, 1 g saturated fat, 66 mg cholesterol, 904 mg sodium, 33 g carbohydrates, 33 g protein, 89 mg calcium

GRILLED STEAK WITH POTATOES

Dieters *can* have steak and french fries for dinner! Start with a lower-fat flank steak, and "oven-fry" the potatoes, using just a smidgen of oil.

Prep time: 15 minutes plus marinating
Cooking time: 30 to 35 minutes ○ ▼ ▽

2 tablespoons balsamic vinegar
1 tablespoon olive oil
1 teaspoon minced garlic
1 pound flank steak, trimmed of fat
¼ teaspoon salt
⅛ teaspoon freshly ground pepper

Oven-Fried Potatoes
Vegetable cooking spray
4 large baking potatoes (2 lbs.), sliced lengthwise into ½-inch wedges
1 teaspoon olive oil
1 teaspoon rosemary, crumbled
½ teaspoon salt
¼ teaspoon freshly ground pepper

1. Combine vinegar, oil and garlic in shallow glass dish. Sprinkle both sides of steak with salt and pepper; place steak in dish and turn to coat. Cover and refrigerate 1 hour.
2. *Make Oven-Fried Potatoes:* Heat oven to 450°F. Line cookie sheet with foil; lightly coat with vegetable cooking spray. Toss potatoes, oil, rosemary, salt and pepper in large bowl. Spread in single layer on prepared cookie sheet. Bake 30 to 35 minutes, until golden and crisp.
3. Meanwhile, heat grill. Grill steak 6 to 8 minutes per side for medium rare. Serve with potatoes and chopped tomato and cucumber. Makes 4 servings.

Per serving: 325 calories, 9.5 g total fat, 3 g saturated fat, 41 mg cholesterol, 430 mg sodium, 38 g carbohydrates, 22 g protein, 38 mg calcium

ORANGE POUND CAKE

Yes, you can have dessert on a diet. And no, it doesn't have to be a plain piece of fruit. For the times you crave something a bit more special, try this orange-scented pound cake. Just stick to the recommended portion size.

Prep time: 30 minutes ○ ▼ ▽
Baking time: 40 minutes

Vegetable cooking spray
1½ cups all-purpose flour
½ teaspoon salt
¼ teaspoon baking powder
¼ teaspoon baking soda
1 large orange
1 cup sugar
½ cup buttermilk, at room temperature
½ teaspoon vanilla extract
¼ cup butter (no substitutions)
1 large egg
2 large egg whites
¼ cup honey (optional)

1. Heat oven to 350°F. Lightly coat a 9x5-inch loaf pan with vegetable cooking spray. Sift together flour, salt, baking powder and baking soda in medium bowl; set aside.
2. With vegetable peeler or small, sharp knife, remove peel from orange;

oarsely chop the peel. Cut orange in
ıalf and squeeze ¼ cup juice. Process
ugar and peel in food processor,
ulsing until peel is finely chopped.
Combine buttermilk, orange juice and
anilla in a glass measuring cup.
. Beat butter and orange-sugar
nixture in a large mixer bowl on
nedium-high speed until combined.
Beat in egg and egg whites, 1 at a time,
eating well after each addition. At low
peed, add flour mixture alternately
vith buttermilk mixture, beginning and
nding with dry ingredients.
. Spoon batter into prepared pan.
Bake 40 minutes, until toothpick
nserted in center comes out clean.
Cool cake in pan 15 minutes; invert
nd remove pan. Cool. Cut into
2 slices. Serve each slice with
teaspoon honey, if desired. Makes
2 servings.

er serving with 1 teaspoon honey: 190 calories, .5 g total fat, 2.5 g saturated fat, 28 mg holesterol, 192 mg sodium, 35 g carbohydrates, g protein, 27 mg calcium

CHOCOLATE ANGEL FOOD CAKE

Chocolate lovers, rejoice! Here's a no-
at cake you can truly enjoy. Best of all,
ou can slice and freeze it for future
uilt-free indulgence!

Prep time: 25 minutes plus cooling
Baking time: 40 to 45 minutes ◒ ▼ ▽ ❄

cup sifted cake flour (not self-rising)
cup unsweetened cocoa
1½ cups granulated sugar, divided
1¼ cups egg whites at room temperature
1½ teaspoons vanilla extract
1 teaspoon cream of tartar
½ teaspoon salt

1. Heat oven to 375°F. Sift flour, cocoa and ¾ cup granulated sugar together 3 times; set aside.
2. Beat egg whites at low speed in a large mixer bowl until foamy, about 5 minutes. Add vanilla, cream of tartar and salt. Gradually increase speed to medium while beating in remaining ¾ cup granulated sugar, 1 tablespoon at a time, 5 minutes. When sugar is incorporated, continue beating to stiff peaks, 2 minutes more.
3. Sift one third of dry ingredients over whites; gently fold in with rubber spatula. Repeat process 2 more times.
4. Pour batter into ungreased 10-inch tube pan. Cut through batter to remove air pockets. Bake 40 to 45 minutes, until top springs back when gently pressed. Invert and hang pan on neck of bottle to cool.
5. To unmold, run a thin knife around side of pan and tube; invert pan. Turn cake upright onto serving plate. Garnish with confectioner's sugar, if desired. Makes 14 servings.

Per serving: 120 calories, 0.5 g total fat, 0 g saturated fat, 0 mg cholesterol, 126 mg sodium, 27 g carbohydrates, 4 g protein, 6 mg calcium ●

Researched by Michele Peters, R.D., and Patricia Cobe. Desserts by Carol Prager and Jane Yagoda Goodman; all others by Michele Peters, R.D.

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28. **CHEVROLET MONTE CARLO**—For more information regarding Chevrolet, call 800-950-2438, or visit our Web site at http://www.Chevrolet.com/car

MISCELLANEOUS

29. **ENCYCLOPEDIA BRITANNICA**—The leader in documenting the world's knowledge. Britannica CD '98 Multimedia Edition allows consumers to find comprehensive answers quickly and easily. It's packed more information than Encarta and World Book CD-ROM encyclopedias combined. Order now.

30. **RAYOVAC MAXIMUM ALKALINE**—For more information regarding Rayovac, you may circle the coupon below, call 800-323-1993 or visit us at our Web site at http://www.rayovac.com

31. **FEED YOUR KITTEN PURINA® KITTEN CHOW® brand cat food**—With the right protein, calcium and nutrients for your kitten's first year. And, to join the Kitten Chow® Care Club free, call 1-800-KITTENS

32. **Purina® CAT CHOW SPECIAL CARE FORMULA® BRAND CAT FOOD**—Specially developed by scientists and veterinarians to help maintain urinary-tract health in adult cats. And it's made with real chicken for a delicious, [illegible] taste. For [illegible] 800-228-2273

TRAVEL

ALABAMA

33. **ALABAMA IS UNFORGETTABLE**—From breathtaking beaches to [illegible] and [illegible] there's [illegible] and [illegible] Free travel guide.

ARKANSAS

34. **ARKANSAS**—We've [illegible] Fish, camping, boating, history, golf, galleries, fishing, dining, hiking, swimming, night life, [illegible] and more—all with Arkansas' natural beauty as the background. Free Vacation Planning Kit.

CALIFORNIA

35. **PALM SPRINGS TOURISM, CA**—"America's Desert Playground." Family attractions, championship golf courses and more. Budget [illegible] accommodations. FREE Vacation Guide.

CANADA

36. **QUEBEC**—For a touch of Europe, a dash of history, quaint scenery, fabulous fun. Free summer and fall vacation packages. Send for brochure full of great deals.

37. **SASKATCHEWAN**—The Last Great Escape. Close to 100,0[illegible] lakes and rivers. Millions of acres of protected parkland. Vacati[illegible] farms, crystal spas and a wonder of wonder, there are no crowds. Se[illegible] for a free guide.

CARIBBEAN

38. **BREEZES®**—Bahamas and Jamaica. Absolutely everything included in this incredible vacation. Top quality meals, free-flow[illegible] drinks, active sports, live entertainment—all included for [illegible] surprisingly affordable upfront price. No tipping permitted! FR[illegible] WEDDINGS!

COLORADO

39. **COLORADO SPRINGS**—Take an affordable, unforgettal[illegible] vacation in Colorado Springs, Colorado! Enjoy breathtaking mount[illegible] scenery, exciting attractions, wonderful accommodations, thrill[illegible] recreational opportunities, dining, shopping, entertainment and more [illegible] the foot of Pikes Peak!

CONNECTICUT

40. **COASTAL FAIRFIELD COUNTY**—Connecticut's coastal, to[illegible] and country getaway—minutes from New York City. Barnum Museu[illegible] IMAX Theater, Maritime Aquarium, "Antiques Way," arts and theat[illegible] exquisite dining, nightlife, festivals, family fun. FREE brochure, info [illegible] Weekend discount packages.

41. **NORTH CENTRAL CONNECTICUT**—All the charming ima[illegible] that say "New England." Country fairs, historic homes, air and trol[illegible] museums, scenic driving tours, pick-your-own farms. Great lodgi[illegible] and getaway packages.

42. **YOU & THE WATERBURY REGION**—A perfect combination [illegible] Connecticut. Perfect activities: scenic train rides, museums, amusem[illegible] park, attractions. Perfect accommodations: from economy to deluxe[illegible] We have it all... even Bed & Breakfasts! Send for information.

CRUISES

43. **C.L.I.A. (CRUISE LINE INTERNATIONAL ASSOC[illegible] ATION)**—Send for your free cruise vacation planner, because y[illegible] haven't lived until you've cruised!

44. **DELTA QUEEN**—3- to 14-night Steamboatin'® Vacations [illegible] America's great heartland rivers. Breathtaking scenery, shore tou[illegible] onboard dancing and entertainment, delightful cuisine. Vacation of[illegible] lifetime. Free deluxe brochure. See your travel agent.

DELAWARE

45. **SOUTHERN DELAWARE BEACH RESORTS**—FREE 52-p[illegible] visitors guide with lodging, restaurants, attractions and events. Only [illegible] hours from D.C. and Philadelphia, and we're RETAIL TAX FREE!

FLORIDA

46. **DAYTONA BEACH**—Big Beach! Big Fun! With 23 miles [illegible] beach, you'll run out of vacation before you run out of things to [illegible] Golfing, fishing, NASCAR racing, cultural events, attractions—[illegible] within an hour of Orlando's theme parks. Free Visitors Guide!

47. **KISSIMMEE—ST. CLOUD**—Located next to Walt Disn[illegible] World® Resort, this exciting family destination has more than 35,[illegible] affordable accommodations. Request a free visitors' guide for spe[illegible] offers to area attractions and lodging.

48. **LEE ISLAND COAST**—Florida's Tropical Island Getaway. Wi[illegible] sand beaches, spectacular sunsets, and hundreds of islands to explo[illegible] Southwest Florida's Sanibel Fort Myers area. Send for a free 62-p[illegible] Visitor's Guide.

49. **PANAMA CITY BEACH, FLORIDA**—Rated #1 Beach [illegible] America! The perfect family vacation destination. White sand beach[illegible] crystal clear waters, theme parks, fishing, diving, golf & mo[illegible] Affordable and relaxing!

50. **PENSACOLA**—The perfect Florida vacation with sunshine, sa[illegible] surf, Southern Hospitality and rich heritage. Visit the museum [illegible] IMAX Theatre and Zoo. Free vacation planner.

HOUSEBOATS

51. **FOREVER RESORTS**—Luxury houseboat rentals across the US

INDIANA

52. **INDIANAPOLIS**—A weekend in Indianapolis is a truly remarka[illegible] experience—fascinating family attractions, intriguing historical landma[illegible] and museums, and a nightlife that defies description. Visit Indy [illegible] weekend. We'll take your vacation personally. FREE vacation guide.

IOWA

53. **FREE IOWA TRAVEL GUIDE**—All new and guaranteed to m[illegible] you smile! Send for your free copy, including money-saving coupo[illegible] Calendar of Events and state map.

JAMAICA

54. **BOSCOBEL BEACH®**—The only Super-Inclusive® resort wh[illegible] kids under 14 stay, play and eat free. Meals, drinks, entertainmen[illegible] everything's included. Supervised fun for the kids. Romance [illegible] [illegible] for two. World-class beach. No tipping. FREE WEDDING[illegible]

KENTUCKY

55. **BOWLING GREEN AREA**—Just south of Mammoth Cave, [illegible] the "Home of the Corvette" featuring Corvette Museum and Assem[illegible] Plant tours. Historic museums, driving tours, antiques, golf, festiv[illegible] great lodging and restaurants. Free visitors guide.

56. **KENTUCKY DEPT. OF TRAVEL**—Beautiful lakes, breathtak[illegible] mountainscapes, rolling hills and friendly faces wherever you turn. Kentucky vacation is always in season. Send for your free Offi[illegible] Kentucky Vacation Guide.

57. SOUTHEASTERN KENTUCKY'S DANIEL BOONE COUNTRY—Majestic mountains, breathtaking scenery, natural wonders, historic sites, pristine lakes, camping, hiking, fishing, festivals, country music and crafts galore. Great restaurants, modern campgrounds, motor inns, lodges, state and national parks.

LOUISIANA

58. LOUISIANA—Come have fun in America's most unique state—Louisiana! We march to the beat of a different squeezebox and so will you! Send today for your FREE 304-page Tour Guide. Come as you are. Leave different.

MARYLAND

59. CHARLES COUNTY—Excellent lodging & restaurants; museums & historic churches; Potomac River largemouth bass fishing; bike [illegible], fossil hunt, bird watch; 321 species; golf or shop ... we have it all for you!

60. OCEAN CITY—The family vacation that's fun for everybody. Broad, sandy beaches. World famous 3-mile boardwalk. Amusements. Golf. Ocean and Bay fishing. Natural wetlands. Watersports. Seafood. Entertainment. Shopping. Get away to it all.

MASSACHUSETTS

61. CAPE COD CHAMBER OF COMMERCE—Come to Cape Cod this spring. Serene walks on the beach, scenic bike paths, great museums, antiques, art galleries and colonial villages await you. Send for a free Visitors Guide.

62. PLYMOUTH COUNTY—Discover the Pilgrim Story, colorful cranberries, local wines, whale watch cruises. Shop for antiques and enjoy native seafood. FREE Hospitality Guide.

MINNESOTA

63. EXPLORE MINNESOTA—Take home a story. Free Travel Guide.

MISSOURI

64. KANSAS CITY—Slow down with a getaway in Kansas City, one of the most relaxing cities on the map. Enjoy a weekend of nothing but fun, with or without the kids. Free information packet.

65. FREE MISSOURI TRAVEL KIT—Includes map, travel guide and events calendar. From music shows to outdoor adventures, family attractions to historical sites, vacation in Missouri—Where the Rivers Run.

66. STILLWATERS RESORT—Branson's best shows, shopping, Silver Dollar City and lodging discounts available.

MONTANA

67. MONTANA—Explore a place of open roads and grand horizons. Put yourself in Montana. Send for your Free Vacation Planning Kit.

NEBRASKA

68. OMAHA—Discover the great food, shopping and world class attractions. Explore Sac Museum, Boys Town or Joslyn Art Museum.

NEVADA

69. DISCOVER BOTH SIDES OF NEVADA—From glamorous gaming capitals to beautiful desert, mountain, and historic regions. Send for more information.

NEW HAMPSHIRE

70. NEW HAMPSHIRE—FREE New Hampshire Vacation Kit. Filled with information on attractions, lodging, dining, events, state parks, and more. It'll take you through our seacoast, lakes, and mountains to the perfect vacation.

71. NEW HAMPSHIRE'S WHITE MOUNTAINS!—New England's best vacation value! Highest mountains in the Northeast U.S. with breathtaking scenery, fun, natural family attractions, trains, mountain rides, events, maps, lodging, camping, travel guides, tax-free shopping and more. FREE vacation planning kit.

NEW JERSEY

72. VISIT NEW JERSEY—Find out "What a Difference a State Makes." Experience the arts, the great outdoors, amusement parks, tax-free shopping, beautiful beaches, and historic sites on every vacation.

NEW YORK

73. ALBANY—New York's Capital, Albany celebrates 300 years of history with art, architecture and events. 1998 marks our Tulip Festival's 50th Anniversary. Send for complete Calendar of Events.

74. BINGHAMTON/BROOME COUNTY—Cosmopolitan flair combines with small-town charm in Binghamton Broome County. We offer four seasons of fun and activities the whole family will enjoy. Centrally located and affordably priced, you are sure to feel at home.

75. CORNING/STEUBEN COUNTY—Step outside the City! Visit award-winning wineries. See the Corning Glass Center and other world-famous museums. Attend fabulous events. Shop downtown historic districts, outlets, and glass studios. Tour our spectacular countryside, vibrant fall colors, and majestic Keuka Lake.

76. FINGER LAKES ASSOCIATION—Much more than our world-famous, glacially sculpted lakes. Enjoy 14 counties worth of nature walks, museums, festivals, winery tours, historic sites, culture, music, boating, fishing, cruising and more. Send for free kit.

77. CATSKILLS. GREENE COUNTY—Year-round vacationland [illegible]

78. ITHACA/TOMPKINS COUNTY—Experience why "Ithaca is [illegible] take in performing and theatre arts, festivals, museums, gallery shopping, wineries, antiquing, charter fishing, campgrounds, romantic [illegible]

79. LAKE PLACID—The legendary Adirondack Mountains. Hundreds of wilderness lakes & streams. Limitless outdoor recreation, hiking, canoeing, fishing, golf, tours of the Olympic sites and historic forts along Lake Champlain plus incredible sightseeing around every turn.

80. LONG ISLAND—Pristine beaches, harbor villages, historic lighthouses, Gatsby-era mansions, deep-sea fishing, world famous seafood, award-winning vineyards, lush farmland, golf galore... and [illegible]

81. VISIT NEW YORK STATE—Free guide to 12 of New York's [illegible] and quaint little villages—each one with world renowned attractions, breathtaking scenery, amazing recreational opportunities, and a year-round extravaganza of events.

82. NIAGARA USA—We'll have you seeing things! Fun things. Fascinating things. A world famous waterfall and breathtaking scenery. Incredible shopping, sportfishing and special events that will thrill the [illegible]

83. ONEIDA COUNTY—Renowned art museum, New York's first casino, a Revolutionary War fort, tour of 110-year-old brewery, a created canal village and our bicentennial celebration. In the center of New York—all in Oneida County.

84. ONTARIO COUNTY—In the Finger Lakes. Festivals, wineries, real local color. Visit Canandaigua, Naples, Geneva and more. Just two hours from Niagra Falls, another reason you'll love New York.

85. SARATOGA COUNTY—Thoroughbred racing, "29-9", N.Y.C. Ballet, Jazz Festival, Philadelphia Orchestra, popular musical groups, [illegible] National Battlefield, fabulous boutiques, antiques & restaurants.

86. SYRACUSE/ONONDAGA COUNTY—"The Heart of New York," located in the state's geographic center, offering an endless variety of year-round visitor experiences. History, culture, shopping, big-city opportunities with small-town prices. It's all part of the Syracuse experience, don't miss it.

87. 1000 ISLANDS—Imagine a place where the waters of the Great [illegible] New York State connect to create one of the most beautiful vacation spots in the world. Imagine yourself in the 1000 Islands Region.

88. WESTCHESTER COUNTY—Set in the rolling hills of the Hudson Valley, yet within minutes of New York City. First-class hotels, bed-and-breakfasts, beautiful scenery, historic sites, cultural attractions, lush golf courses and some of the best shopping in the tri-state area.

NORTH CAROLINA

89. BILTMORE ESTATE, ASHEVILLE, NC—[illegible]

OKLAHOMA

90. OKLAHOMA, NATIVE AMERICA™—Experience America In Its [illegible] territorial towns, metropolitan cities and tribal tradition. Free brochure.

PENNSYLVANIA

91. BUCKS COUNTY—[illegible]

92. BRANDYWINE VALLEY—[illegible] guide hotel packages close to "Philadelphia, the Place that Loves You Back."

93. POCONO MOUNTAINS VACATION BUREAU—[illegible] four season, fun-filled, vacationland. Attractions, lodging, restaurants.

94. VISIT VALLEY FORGE—See living history. Shop the East Coast's largest mall. Enjoy restaurants and hotels for every budget. [illegible]

RHODE ISLAND

95. RHODE ISLAND—Your legendary Newport. Stroll Providence's [illegible] of seacoast. Discover Block Island's quaint inns and B&B's.

SOUTH CAROLINA

96. THE MYRTLE BEACH AREA OF SOUTH CAROLINA—60 miles of safe, clean beaches, attractions, entertainment, championship [illegible]

97. SANDS RESORTS—Your children will love the sand, the sea and free Sands Kids Club and toddler childcare at our six resorts along the Grand Strand. Children stay and eat FREE. Pools, tennis, golf, entertainment, restaurants.

98. SOUTH CAROLINA. IT'S YOUR LIFE. FILL IT UP.—Free travel guide and map. 144 pages of beautiful beaches, championship golf, historic sites, plantations and cities, dazzling entertainment and outdoor adventure. Plus events calendar.

TENNESSEE

99. CLARKSVILLE—Bring your family to meet ours! Beachaven Winery, Historic Collinsville, Cumberland River District, and our Historic Museum provide an ideal family getaway—45 minutes NW of [illegible]

100. MEMPHIS—Memphis put the "Rock" into Roll and gave the Blues a home. The National Civil Rights Museum is dedicated to the lessons of the Civil Rights Movement. "Ancestors of the Incas," [illegible]

101. TENNESSEE—In the mood for the great outdoors? The big city? Tennessee has both! Sparkling attractions and breathtaking scenery—custom made for the whole family. Send for your FREE Tennessee Vacation Guide.

TEXAS

102. AMARILLO—Step into the real Texas and see Palo Duro Canyon, America's second-largest canyon.

103. AUSTIN—A city built to endure six governments, three wars and a lot of rock 'n' roll.

104. DALLAS—Vibrant, exciting, diverse, western heritage, shopping, sports, arts, nightlife, dining, amusement parks. Free visitor's packet.

105. FARMERS BRANCH—Getaways to Dallas begin and end here!

106. FORT WORTH—It's "Cowboys & Culture" in Fort Worth. Stockyards, museums zoo, Sundance Square Downtown. Valuable Family Getaway packages available.

107. IRVING—See all of Dallas Fort Worth, by staying in the [illegible]

108. KERRVILLE—[illegible]

109. LEWISVILLE—Minutes north of Dallas. Lodging, dining, shopping, attractions, events. Send for free visitors packet.

110. SAN ANTONIO'S HISTORIC MENGER HOTEL—Next to Alamo, IMAX, and Rivercenter Mall at River Walk.

111. TEXAS TOURISM—Get your FREE Texas Travel Guide with [illegible]

112. WACO—Between Dallas & Austin. Over 15 museums, historic homes, river village, art, antiques, recreation.

VIRGINIA

113. COLONIAL WILLIAMSBURG—This vacation, do something really memorable. Start a country. Experience authentic colonial life. [illegible]

114. FREDERICKSBURG, SPOTSYLVANIA—Stafford. George Washington's hometown. Four major Civil War battlefields plus [illegible] outlet shopping. 50 miles south of D.C. on I-95.

115. VIRGINIA—For lovers of beaches, mountains and history, send for a FREE full-color vacation planning guidebook. Virginia Is For [illegible]

116. VIRGINIA BEACH—Miles of beautiful beaches, a scenic boardwalk and outdoor cafes, fun theme parks, festivals, shopping, [illegible]

WISCONSIN

117. WISCONSIN DELLS—Send now for your FREE Wisconsin [illegible] scenic tours, restaurants, accommodations and much more. Plus, discount coupons valid through July 2.

WYOMING

118. WYOMING. LIKE NO PLACE ON EARTH—In Wyoming, you'll find abundant wildlife, Yellowstone and Grand Teton National Parks, blue ribbon trout streams and more. Send for our free Vacation Guide.

Free information

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To find out more about any of the destinations and products [illegible] just circle the corresponding number(s) on this form, fill it out, [illegible] address and mail it to:

LHJ, P.O. Box 14435, Des Moines, IA 50306-3435

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[illegible]										92	101	110
[illegible]										93	102	111
[illegible]			6+ months									
[illegible]			6+ months				59	68	77			
[illegible]							61	70	79			
[illegible]										96	107	116



Bake Sale Best-Sellers

What to contribute to the cause this year? We've got the goods—six dazzling treats guaranteed to bring in the dough!

CHOCOLATE-CHIP PIZZA COOKIES

These jumbo "pizza pies" with white chocolate and candy topping will wow the crowd!

Prep time: 30 minutes plus decorating
Baking time: 17 to 19 minutes per batch ○ ❄1

2 cups all-purpose flour
1 teaspoon baking soda
½ teaspoon salt
1 cup butter or margarine, softened
1 cup firmly packed brown sugar
½ cup granulated sugar
2 teaspoons vanilla extract
2 large eggs
1¼ cups semisweet chocolate chips
1 cup quick-cooking oats
4 ounces white chocolate squares, melted
¼ cup miniature M&M's baking bits

○ Easy ● Challenging ▼ Low-fat
◒ Moderate ○ Microwave ▽ Low-calorie
❄ Can be frozen up to 1, 3, 6, or 9 months

1. Heat oven to 350°F. Combine flour, baking soda and salt in small bowl.
2. Beat butter, both sugars and vanilla in mixer bowl on medium-high speed until light and creamy, 2 minutes. Beat in eggs 1 at a time, beating well after each addition, until mixture is fluffy. At low speed, beat in dry ingredients just until blended. Stir in chips and oats.
3. Divide dough into thirds. Place each piece in the center of its own large ungreased cookie sheet. Press each piece with floured fingers to a 6-inch circle. Bake 17 to 19 minutes, switching pans halfway through, until cookies are browned and set. Cool on cookie sheets 5 minutes. With large spatula, transfer each cookie to wire racks; cool completely. Repeat, baking remaining dough.
4. With a fork, drizzle half of melted chocolate over cookies; then divide and sprinkle baking bits over tops. Drizzle cookies with remaining chocolate; let set. *(Can be made ahead. Wrap well and freeze up to 1 month. Thaw at room temperature 2 hours.)* Cut each cookie into 8 wedges. Makes 24 wedges.

Per wedge: 260 calories, 13 g total fat, 7 g saturated fat, 39 mg cholesterol, 193 mg sodium, 34 g carbohydrates, 3 g protein, 29 mg calcium

CINNAMON ROLLS

Test Kitchen Favorite

Cinnamon rolls aren't just for breakfast anymore. See how fast these beauties disappear.

Prep time: 40 minutes plus rising
Baking time: 22 to 25 minutes ◒ ❄1

1 package active dry yeast
¼ cup warm water (105°F. to 115°F.)
Granulated sugar
1 cup milk
10 tablespoons butter, divided
2 large eggs *(continued)*

White Chocolate Cheesecake so rich it'll knock their bonnets off.



White Chocolate Cheesecake

Prep time: 10 minutes

1 pkg. (8 oz.) PHILADELPHIA BRAND Cream Cheese, softened
2 pkg. (4-serving size each) JELL-O® White Chocolate Flavor Instant Pudding & Pie Filling
... cold milk, divided
... tub (8 oz.) COOL WHIP® Whipped ... topping, thawed
... prepared graham cracker crumb cru...

BEAT cream cheese and 1/2 cup ... with wire whisk until smooth. Add remaining 1-1/2 cups milk ... with wire whisk 1 minute. Stir in whipped topping until ... Spoon into crust.
REFRIGERATE 4 hours or until ... white chocolate curls made with BAKER'S® Chocolate. Store ... Makes 8 servings.



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JELL-O
smile more

What's The Real Reason Reddi-wip Tastes So Special?

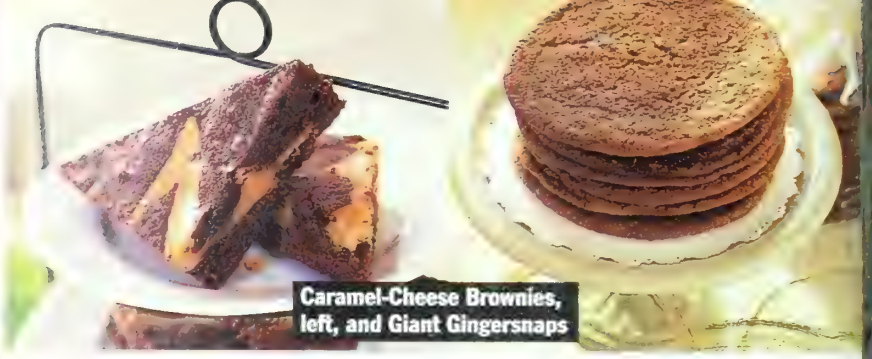
MADE WITH REAL CREAM

Real cream. That's what gives Reddi-wip whipped cream its fresh, great taste that's second to none.

We start with fresh, real Grade A cream. Add to that our other high-quality ingredients, and you've got the great, homemade taste you'll find in every can of Reddi-wip whipped cream.

[illegible] taste. Reddi-wip whipped cream is America's top choice for adding real cream [illegible] to all your favorite [illegible] from hot [illegible] to special [illegible]





Caramel-Cheese Brownies, left, and Giant Gingersnaps

BAKE SALE BEST-SELLERS

Continued

5 to 5½ cups all-purpose flour, divided
1 teaspoon salt
4 teaspoons cinnamon

Frosting
1½ cups confectioners' sugar
1 tablespoon butter, softened
3 tablespoons milk
¼ teaspoon vanilla extract
Pinch cinnamon

1. Sprinkle yeast over warm water; add a pinch of sugar. Let stand 10 minutes, until foamy. Heat milk and 6 tablespoons butter over medium heat until warm, 105°F. to 115°F. (butter may not melt completely).
2. Combine dissolved yeast, milk mixture, ½ cup granulated sugar and eggs in large bowl. Beat with a wooden spoon until well combined. Add 3 cups flour and salt; beat until smooth. Stir in 2 cups flour, 1 cup at a time, to make a soft dough. On lightly floured surface, knead dough 3 minutes until smooth and elastic, adding more flour if needed. Place dough in a large greased bowl, turning to grease top. Cover and let rise in a warm, draft-free place until doubled in bulk, 1½ hours.
3. Melt remaining butter in saucepan. Combine ½ cup granulated sugar and cinnamon in a cup.
4. Grease a 15x10-inch jelly-roll pan. Punch down dough. On lightly floured surface with floured rolling pin, roll dough into a 20x14-inch rectangle. Brush with 2 tablespoons melted butter and sprinkle with cinnamon sugar. From one long side, roll up jelly-roll style; pinch seam to seal. Cut with a serrated knife into 18 slices, about 1 inch thick. Arrange slices cut side down in prepared pan. Brush remaining melted butter evenly over tops of rolls. Cover with wax paper and let rise until doubled, 45 to 60 minutes.
5. Heat oven to 350°F. Uncover rolls and bake 22 to 25 minutes, until lightly browned. Cool 15 minutes in pan on wire rack.
6. *Make frosting:* Meanwhile, beat confectioners' sugar and butter in mixer bowl at medium speed until blended. Beat in milk, vanilla and cinnamon until smooth. With a spoon drizzle frosting evenly over tops of rol *(Can be made ahead. Wrap well and freeze up to 1 month. Thaw at room temperature 4 hours.)* Makes 18 rolls.

Per roll: 310 calories, 9 g total fat, 5 g saturated fat, 45 mg cholesterol, 217 mg sodium, 52 g carbohydrates, 5 g protein, 37 mg calcium

CARAMEL-CHEESE BROWNIES

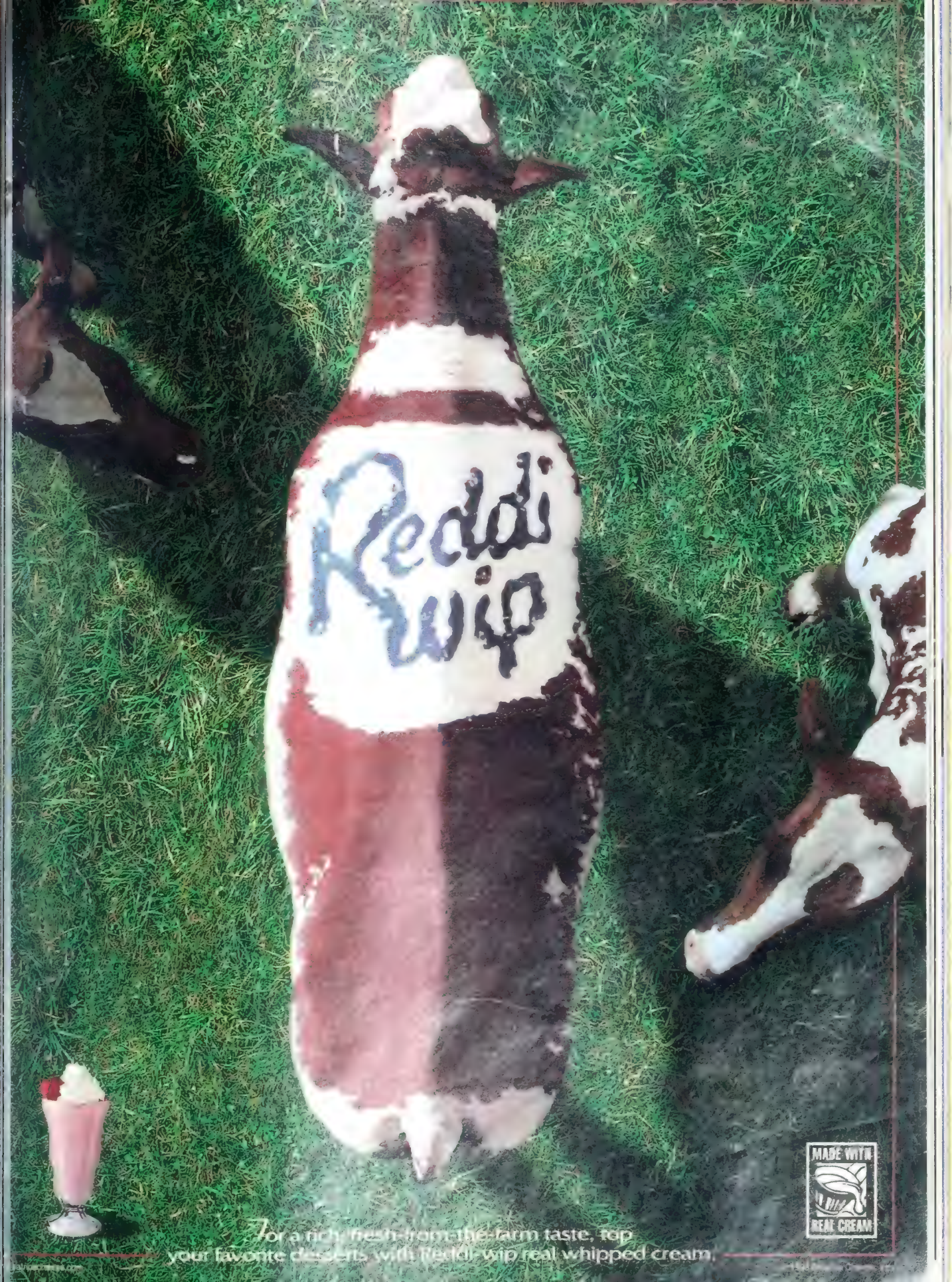
When testing brownies for doneness, a few crumbs may stick to the toothpick- don't be tempted to overbake.

Prep time: 40 minutes
Baking time: 40 minutes

1 package (8 oz.) cream cheese, softened
1 large egg
20 caramels, unwrapped
1 tablespoon water

Brownies
1 cup butter or margarine
1 cup unsweetened cocoa
1½ cups granulated sugar
½ cup firmly packed brown sugar
4 large eggs
1¼ cups all-purpose flour
1 teaspoon vanilla extract
¼ teaspoon salt

1. Heat oven to 350°F. Line a 13x9-inch baking pan with foil, letting foil extend at ends. Grease foil.
2. Whisk cream cheese and egg in medium bowl until smooth; set aside.
3. Combine caramels with water in small microwaveproof bowl. Cover wi plastic wrap, turning back one section to vent. Microwave on Medium (50% power) 1 minute; stir. Microwav 1 minute more. Stir mixture until caramels are melted. Set aside and co slightly while making brownies.
4. *Make brownies:* Microwave butter o Medium (50% power) in a large microwaveproof bowl 1 to 1½ minute until melted. Whisk in cocoa until smooth; let stand 5 minutes to cool slightly. Whisk both sugars into chocolate mixture until combined. Ad eggs 1 at a time, whisking after each addition until blended. Stir *(continue*


Reddi wip
MADE WITH
REAL CREAM
For a rich, fresh-from-the-farm taste, top
your favorite desserts with Reddi-wip real whipped cream.

Here's how to dress your Easter bunnies.

WHITE CHOCOLATE COCONUT FROSTING:
Beat 1 stick softened butter, 1 cup powdered sugar and 2 Tbsp. milk in medium bowl with electric mixer on low speed until well blended. Increase speed to medium and beat 30 seconds until smooth. Beat in 3 squares melted BAKER'S® Premium White Baking Chocolate. Stir in half of a 7 oz. bag (1 1/3 cups) BAKER'S® Sweetened Flaked Coconut. Sprinkle remaining coconut over brownies after they are frosted and cut, if desired.

EASTER BROWNIE DECORATING TIPS:
- Use Cake Mate® Decorating Icings or Gels to draw bunny eyes, nose and mouth.
- Use Cake Mate® Rainbow Decors to create outline for clothing (vests, bow ties, etc.), then use assorted colored crystals to fill in the designs.
- Use sugar-coated gumdrops cut into shapes to create carrots and leaves.

TIPS FOR USING BROWNIE SCRAPS FROM BUNNY CUT-OUTS:
- Stir cubes of brownie scraps into prepared JELL-O® Chocolate or Vanilla Flavor Instant Pudding & Pie Filling.
- Stir cubes of brownie scraps into softened vanilla or chocolate ice cream.
- Stir cubes of brownie scraps into thawed COOL WHIP® Whipped Topping for a Brownies 'n Creme dessert.
- Layer cubes of brownie scraps with prepared JELL-O Chocolate or Vanilla Flavor Instant Pudding & Pie Filling, thawed COOL WHIP Whipped Topping and banana slices for a layered dessert trifle.



Continued

in flour, vanilla and salt.
5. Spread 1¾ cups brownie batter in prepared pan. Gently stir melted caramels into cream-cheese mixture just until marbleized, then slowly pour over brownie layer, spreading evenly to cover. Spread remaining brownie batter evenly over cream cheese–caramel layer (there may be a few spots where it won't cover completely).
6. Bake 40 minutes, until crumbs cling to toothpick inserted in center. Cool completely in pan on wire rack.
7. Using foil at ends, remove brownie from pan. *(Can be made ahead. Wrap well and freeze up to 1 month. Thaw at room temperature 2 hours.)* Peel off foil. Cut into twelve 3x3-inch squares, then cut each square in half diagonally into triangles. Makes 24 brownies.

Per brownie triangle: 245 calories, 13 g total fat, 8 g saturated fat, 76 mg cholesterol, 162 mg sodium, 31 g carbohydrates, 4 g protein, 24 mg calcium

GIANT GINGERSNAPS

Using a quarter-cup measure to scoop the dough is a good way to keep the gingersnaps' size uniform.

Prep time: 25 minutes plus chilling
Baking time: 16 to 17 minutes per batch ○ ✻1

2 cups all-purpose flour
2 teaspoons cinnamon
2 teaspoons ginger
1 teaspoon baking soda
¼ teaspoon nutmeg
¼ teaspoon cloves
¼ teaspoon salt
½ cup butter or margarine, softened
¼ cup vegetable shortening
Granulated sugar
½ cup firmly packed brown sugar
⅓ cup light molasses
1 large egg

1. Combine flour, cinnamon, ginger, baking soda, nutmeg, cloves and salt in bowl. Beat butter, shortening, ¾ cup granulated sugar and brown sugar in large mixer bowl at medium-high speed until fluffy. Beat in molasses and egg. On low speed, gradually beat in dry ingredients just until blended. Refrigerate 30 minutes.
2. Heat oven to 350°F. Lightly grease 2 large cookie sheets. Spread ⅓ cup granulated sugar on a plate. Measure ¼ cup of dough; roll into a ball. Coat with sugar. Repeat with remaining dough and sugar, arranging six balls 4 inches apart on cookie sheets. Bake 16 to 17 minutes, switching pans halfway through, until golden brown. Cool on cookie sheets 5 minutes; transfer to wire racks and cool completely. *(Can be made ahead. Wrap well and freeze up to 1 month. Thaw in single layer at room temperature 15 minutes.)* Makes 15 cookies.

Per cookie: 260 calories, 10.5 g total fat, 5 g saturated fat, 31 mg cholesterol, 195 mg sodium, 40 g carbohydrates, 2 g protein, 31 mg calcium

LEMON-BLUEBERRY LOAVES

Frozen blueberries work like a charm in these delicate crumb cakes.

Prep time: 35 minutes ○ ✻
Baking time: 40 to 45 minutes

Streusel
½ cup all-purpose flour
2 tablespoons granulated sugar
2 tablespoons firmly packed brown sugar
¼ teaspoon cinnamon
¼ cup butter, softened, cut up

2½ cups all-purpose flour
¼ cup yellow cornmeal
1 tablespoon baking powder
1 teaspoon salt
1½ cups granulated sugar
¾ cup butter or margarine, melted
3 large eggs
½ cup milk
1 tablespoon grated lemon peel
2 tablespoons fresh lemon juice
2 cups frozen blueberries, unthawed

1. *Make streusel:* Combine flour, both sugars and cinnamon in a medium bowl. With pastry blender, cut in butte until mixture is crumbly; set aside.
2. Heat oven to 350°F. Lightly coat five 5¾x3¼x2-inch (2¼-cup) foil loaf pans with vegetable cooking spray.
3. Measure flour into a large bowl. Remove 1 tablespoon to another bowl; set aside.
4. Add cornmeal, baking powder and salt to the scant 2½ cups flour. Beat granulated sugar, butter, eggs, milk, lemon peel and juice until blended; stir into dry ingredients just until moistened.
5. Pat frozen blueberries with paper towels to remove any ice crystals. Toss with reserved flour until coated. Fold berries into batter. Divide and spoon batter into prepared pans; sprinkle streusel evenly over tops. Bake 40 to 45 minutes, until toothpick inserted in center comes out clean. Cool completely in pans on wire rack. *(Can be made ahead. Wrap well and freeze up to 1 month. Thaw at room temperature 4 hours.)* Makes 5 loaves (about 5 slices per loaf).

Per slice: 200 calories, 8.5 g total fat, 5 g saturated fat, 46 mg cholesterol, 238 mg sodium, 29 g carbohydrates, 3 g protein, 49 mg calcium

(continued)

Baker's

APRIL

Why just settle for the usual chocolate bunny?

Baker's® Bunny Brownies

Prep: 10 minutes Bake [illegible]

4 squares BAKER'S® Unsweetened Baking Chocolate
3/4 cup (1 1/2 sticks) butter or margarine
2 cups sugar
3 eggs
1 tsp. vanilla
1 cup flour
White Chocolate Coconut Frosting (see opposite page)
Assorted Cake Mate® Dessert Decorations

• **HEAT** oven to 350° F (325° for glass baking dish). Line 13 x 9-inch aking pan with foil extending over edges to form handles. Grease foil.
• **MICROWAVE** chocolate and butter in large microwavable bowl on IGH 2 minutes or until butter is melted. Stir until chocolate is ompletely melted.
• **STIR** sugar into chocolate until well blended. Mix in eggs and anilla. Stir in flour until well blended. Spread in prepared pan.
• **BAKE** 30 to 35 minutes or until toothpick inserted in center omes out with fudgy crumbs. DO NOT OVERBAKE. Cool in pan. Run nife around edge of pan to loosen brownies from sides. Lift from pan nto cutting board, using foil as handles. Frost with White Chocolate oconut Frosting.
• **REFRIGERATE** brownies 10 minutes to set frosting. Cut into quares or cut into festive Easter shapes such as bunnies, using ookie cutters. (Press cutter down into brownies. Lift up and ress brownie up through cutter to remove.)
ecorate with assorted Cake Mate® Decorating Icings, lossy Decorating Gels and Decors. Makes 24 fudgy rownie squares or about 10 Easter-shaped brownies.



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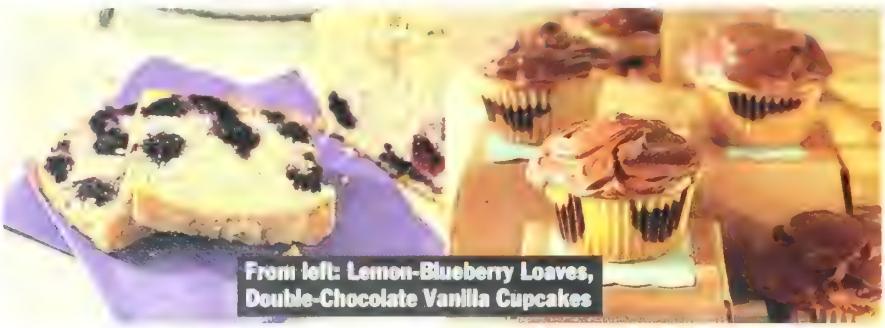
Combine 1 packet Hidden Valley® Original Ranch® Dressing Mix with 1/4 cup cornflake crumbs in a plastic bag.

Add 6–8 pieces of chicken (bone-in). Shake until coated.

Bake on an ungreased baking sheet for 50 minutes at 375° F.

Serves 4–6

Hidden Valley Original Ranch



From left: Lemon-Blueberry Loaves, Double-Chocolate Vanilla Cupcakes

DOUBLE-CHOCOLATE VANILLA CUPCAKES

Indulgent But Worth It

These cupcakes with satiny chocolate frosting are bake-sale classics!

Prep time: 40 minutes ○ ⊙ ❄1
Baking time: 21 to 23 minutes

1 bar (4 oz.) German sweet baking chocolate, chopped
3 tablespoons heavy or whipping cream
2½ cups all-purpose flour
1 tablespoon baking powder
¾ teaspoon salt
¾ cup butter or margarine, softened
1 cup granulated sugar
1 tablespoon vanilla extract
3 large eggs
3 large egg yolks
¾ cup milk

Frosting

2 ounces unsweetened chocolate squares
¼ cup butter or margarine, cut up
1½ cups confectioners' sugar
⅓ cup sour cream
½ teaspoon vanilla extract

1. Heat oven to 350°F. Line eighteen 2¾-inch muffin-pan cups with cupcake/muffin liners. Microwave chocolate and cream in a small microwaveproof bowl on High 1 minute. Whisk until smooth and chocolate is melted. Set aside.
2. Combine flour, baking powder and salt in bowl. Beat butter, granulated sugar and vanilla in mixer bowl at medium-high speed, until fluffy. Beat in eggs 1 at a time, beating well after each addition. Beat in yolks. With mixer at low speed, add dry ingredients alternately with milk, beginning and ending with dry ingredients, until blended.
3. Remove 1⅓ cups batter to bowl; set aside. Spoon remaining batter into muffin-pan cups. By teaspoonfuls, spoon chocolate mixture into center of each cup. With another teaspoon, spoon reserved 1⅓ cups batter over chocolate (batter does not have to cover chocolate completely). Bake 21 to 23 minutes, until toothpick inserted in center of cupcakes comes out clean. Remove from pans and cool completely.
4. *Make frosting:* Microwave chocolate and butter in a small microwaveproof bowl on High 1½ minutes. Stir until chocolate is melted. Transfer to mixer bowl and beat in remaining ingredients until smooth. Frost cupcakes. *(Can be made ahead. Wrap and freeze up to 1 month. Thaw at room temperature 2 hours.)* Makes 18 cupcakes.

Per cupcake: 335 calories, 18 g total fat, 10.5 g saturated fat, 105 mg cholesterol, 304 mg sodium, 40 g carbohydrates, 4 g protein, 81 mg calcium

Recipes by Sarah Reynolds

Dinner On The Double



TAMALE PIE

Black beans, roasted-garlic salsa and lean ground beef top prepared polenta for a scrumptious supper in a flash. (Ready-to-cook polenta is available in supermarkets in 16-ounce plastic tubes.)

Prep time: 5 minutes

Cooking time: 14 minutes

1 tablespoon olive oil
1 package (16 oz.) prepared plain polenta, cut into 8 equal slices
½ teaspoon salt
¼ teaspoon freshly ground pepper
¾ pound lean ground beef
1 jar (14 oz.) Newman's Own Roasted Garlic Salsa
1 can (16 or 19 oz.) black beans, drained and rinsed
Shredded lettuce, for garnish

1. Heat oil in large nonstick skillet over medium-high heat. Sprinkle polenta with salt and pepper. Add to skillet and cook 3 minutes per side, until lightly browned and crisp. Transfer to plate; keep warm.
2. Add beef to skillet. Cook 3 minutes, until no longer pink. Add salsa and drained beans; cook 5 minutes more, until heated through.
3. Arrange 2 slices polenta on each of four serving plates. Divide and top with beef mixture. Garnish with lettuce, if desired. Makes 4 servings.

Per serving: 390 calories, 17 g total fat, 5.5 g saturated fat, 51 mg cholesterol, 1,270 mg sodium.

Recipe by Cynthia DePasio

Recipe Index

Here is a listing of recipes in this issue. Advertisers' recipes are underlined.

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NO-FRY FISH FRY

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Continued from page 196

next time you get annoyed on the road, stop and ask yourself: Is this worth an accident, a lawsuit, a prison term, a life?" says Heide. "The answer is always no."

How to Avoid DWI (Driving While Infuriated)

To stay safe on the road, you need to know how to deal with potentially dangerous situations. Here, some tips from the experts:

To curb your own road rage

- Tune in to your thoughts as you drive. Put a small tape recorder on the seat next to you; if the playback is an X-rated stream of venom and outrage, you may be building up to a traffic temper tantrum.
- Reduce the stress in your life. Andrew Sappington, Ph.D., a clinical psychologist at the University of Alabama at Birmingham and an expert on anger management, views road rage as a red flag signaling that you're reaching the breaking point at work or home. "If you're tense all day long, the first chance you get to release your anger might be when you get in your car," he notes. He recommends taking a few moments to sit quietly, breathe deeply and relax your shoulders before putting the key in the ignition.
- Consciously decide not to let other drivers get to you. "There is no sense in being outraged each and every time you drive," says Sappington. "Decide that whatever happens on the road, it's not going to make your blood pressure go up."
- Assume an irritating driver just might be someone you know. You're much less likely to make an obscene gesture at an acquaintance or a neighbor. If you absolutely must let out your frustration, try what one recovering angry driver does: She makes the infamous finger gesture—but keeps her hand under the dashboard.

To defuse a potentially volatile situation

- Report hazards. If you have a car phone, call the highway patrol to report aggressive or dangerous driving; several states have special numbers for such reports.
- Never retaliate. Whatever another driver does, keep your cool. Count to ten. Take a deep breath. If you yell or gesture at someone who is upset with you, the conflict may well escalate.
- Stay safe. If you're followed by an angry driver for more than a few minutes, head to a police station or a busy public place, such as a convenience store, and honk your horn to attract attention. Never confront another driver alongside the road.
- If you do something stupid, show that you're sorry. One woman holds up a drawing her kids made of a sad face with a crayoned "I'm sorry!" Such heartfelt gestures can soothe a miffed motorist—and make the roads a slightly safer place for all of us. ●

Dianne Hales is a contributing editor of Ladies' Home Journal.

Continued from page 147

his time in her beautiful mansion, where she lived with her husband, Carl. I said, "So what do you want now?" Dolly's answer: "I don't want to be the all-American joke, just with the boobs and the hair. I want to be a meaningful artistic person."

WHOM DO I ADMIRE MOST? I have learned a lot from interviewing celebrities. I have seen them rise and fall and rise again. I marvel at a survivor like **Elizabeth Taylor**. I interviewed her in her Los Angeles home last winter, just a few days before she was diagnosed with a brain tumor. Even then, not knowing of her tumor, she told me, "There have been so many life-and-death lessons. I don't believe in regrets because I am here today. I'm alive. I have my friends and my children, and I have no idea what is going to happen tomorrow. No one does. So I take each day as it comes, and if the next day is a bad day, I just hang in."

I also have enormous admiration for **Elton John**, and not just because of his talent. When I interviewed him in 1994, he spoke with amazing frankness about the years past, when he was so high on drugs and alcohol that he almost destroyed his career and his life. He went into rehab and never took drugs or drank again. Today, he is Sir Elton, knighted by the Queen, extremely happy with his charming companion, David Furnish, and more popular than ever. I consider Elton and David my good friends. We get together and dish and have a wonderful time. If ever there was an example of someone who changed his life around, Elton John is it.

WHO ARE MY FAVORITE SUPERSTARS? Two of them are the **two Toms: Cruise and Hanks**. I have interviewed each of them twice. I talked with Tom Cruise the winter of 1996 in London. He came to the interview without a trace of makeup, sat down, flashed that gorgeous smile and couldn't have been nicer. But I never felt I got totally inside. There is a strength, a determination and an ambition that I have never been able to tap into.

Tom Hanks, on the other hand, has an easy openness and lets you see the insecurity. The first time I interviewed him was on a beach in Malibu. He put on a wet suit and did some surfing just to oblige us. The real stardom hadn't come yet, and he told me that he worried after every film that his career might be over. The second time I talked with him was in December 1994, after his huge success in *Forrest Gump*. By then, we all knew that there wasn't a role Tom Hanks couldn't play. But I bet he still has a little of that insecurity left. It is part of what makes him so enormously likable.

WHO TOUCHED ME THE MOST? I find myself very moved by two young actresses who have had desperately troubled pasts and who are managing to overcome them. **Drew Barrymore**, *(continued)*



the adorable seven-year-old in *E.T.*, was born with a famous theatrical last name but into a highly dysfunctional family. Her father had a drinking problem, and Drew herself was drinking and doing drugs by the age of thirteen, and even attempted suicide. By seventeen, through therapy and self-control, she was clean and sober, and today, at twenty-three, in spite of the fact that she feels like an orphan, she lives a stable life and is emerging as one of the bright young talents.

Courtney Love was another lost soul when I interviewed her in December 1995 in Seattle. She was then known primarily as rock star Kurt Cobain's widow. His suicide made sensational headlines and left Courtney with a two-year-old daughter and a dubious reputation. When I did my interview with Courtney, although she swore again and again that she was "clean," her behavior seemed a little erratic. But there was something about her that was so vulnerable that I asked her to stay in touch with me, no matter what. Some months later, Courtney wrote to me to say she was auditioning for a role in an upcoming movie, *The People vs. Larry Flynt*. In order to get the role of a drug addict in the film, she had to prove to the producers that she herself was free of all drugs, and prove it she did. She was superb in the film and is today a glamorous, and, it would seem, very responsible movie actress.

Have you noticed I haven't talked about any politicians? That's a whole other world. I have interviewed every American President from **Richard Nixon** to **Bill Clinton**. I have also interviewed some of the major heads of state all over the world, and there are great lessons to be learned in watching how people handle victory and defeat. One of the most striking examples was Great Britain's first and only female Prime Minister, **Margaret Thatcher**. I am a great admirer of hers; over the years, we must have talked on camera at least four times. It was her own party that ultimately rejected her in 1990. Suddenly, almost overnight, she was no longer Prime Minister. She went into a period of deep depression and despair. But then she concentrated on what she knew best and has made a new life for herself, with a foundation that helps encourage conservatism and democracy in countries around the world. She is a welcome speaker everywhere. But it must be very tough to fall off the top of that ladder. One day, you are your country's leader, riding in bulletproof limos and private planes, your every need attended to. The next day, you are hailing your own taxi and hoping someone remembers you. The lesson to learn from this is that you had better have good friends and a solid private life, because the fame and the glory can go away with a snap of the fingers.

AND WHO'S NEXT? Well, for many years, I had felt the big interview would be **Princess Diana**. We were somewhat friendly, and she had promised her next television interview would be with me. We even talked about doing it in 1998. But now my conversation with that special creature will never be. I think every interviewer would like to talk with the **Queen of England**, but she has never granted an interview. We would all probably want the honor of speaking with His Holiness, **Pope John Paul II**. There are so many philosophic questions, but His Holiness is frail and, so far, has avoided all television interviews.

Still, just when you think you have talked with everyone, someone new and exciting bursts onto the scene. So, in closing, let me quote two of my favorite adages to answer the questions. What's the worst interview? The answer—This, too, shall pass. And what's the best interview I have ever done? The answer—The best is yet to come. ●

Barbara Walters is an ABC News correspondent, host of "The Barbara Walters Specials," co-host of "20/20" and appears regularly on "The View."

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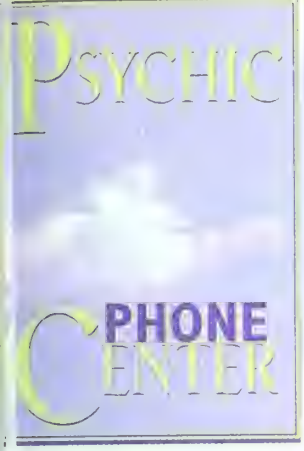
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BABY LUST

Continued from page 188

What else am I doing with my life, anyhow, that actually *matters*? Why be given all these eggs if I'm just going to let them go down the drain? And have you noticed how much more capable at a much earlier age each subsequent child is? I mean, my oldest can barely dress himself, whereas our third child is hanging up his clothes. At this rate, the fourth child would be doing the family laundry before he was out of diapers!

Given my state of mind, I obviously can't be trusted to make such a momentous decision. But then, I can't trust my husband to make it, either, because he's suspiciously rational about the whole matter. He's tuckered out, he tells me. He can hardly tend to the three kids we have. His job isn't getting any easier; he has to put in more hours just to stay in place. He doesn't see earning our way to a nice retirement as it is, not with three college tuitions and skyrocketing auto insurance. If he were ten years younger, well, he'd definitely consider it. But he's not, so . . . case closed.

Sometimes I turn to my estrogen-addled girlfriends, especially the ones who are inclined to just Go For It, because they understand what it's like to cherish your own status quo at the same time you're conspiring to shatter it. None of them says to me, "But what about your career?" They're all on the brink of sabotaging their own. Look at Laura, my friend in Detroit. Two kids, great husband, great life, super job. She runs a couple of bond portfolios for a big investment-management firm, earns good money, has the respect of her mostly male peers and a pretty high place in the Feminist Hall of Fame. It's all so perfect, she can't bear another minute of it. She wants . . . a baby.

"I want a little of that chaos back," she whispers to me, as though she's uttered the nuttiest thing imaginable, which she has. "I see the most wonderful decade of my life closing, and I just have to make the most of these years while I have them. I'd have to cut back on my work schedule, maybe even telecommute—but it would be such a short time, really, I'm sure I could make it up. And if I didn't? Well, what could be more important?"

Then there's Claire, who has just learned that years of fertility treatment, barrels of progesterone and one IVF procedure have netted her—voilà!—a pregnancy. Maybe even a multiple pregnancy. She tells me how she did the Easy One Step Home Test, in the bathroom at the haircolorist's, before she had her gray hennaed out, and I hang on every word. Together we interpret her results, the subtle but meaningful variations in the shade of pink the stick turned—not bluish pink, but a really *pink* pink—and I am simultaneously stricken with delight and grief, joy and envy. I feel like picking up a pregnancy test on my way home, to have it on hand "just in case."

It's sick, this desire of mine to seek out pregnant or about-to-be-pregnant friends, because I can hardly bear to be in their company. When Eileen announced, over plates of *(continued)*

Pediatricians recommend Cheerios.

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apple crisp on book-club night, that she was going for Number Four, I wanted to tie her tubes for her. Why should you get another baby! I felt like wailing. Her decision was nothing short of betrayal. She had just last month told us she was going to have herself fixed for good—she'd made an appointment with the surgeon! And now, barely a month later, she was greeting her beleaguered husband in microscopic nighties! Not that he'd agreed to her plan, at least not yet, but he's sure to realize soon that it's a force of nature he's up against. "I really, really want that fourth baby," Eileen confided to us, "and I'm just going to wear away at Roger until he says yes."

What I guess I'm hoping to learn, subjecting myself to my peers like this as they embark on their breeding sprees, is how some of them got to be so enviably clear about what they want. I know they've debated all the pros and cons, as I have; I know their husbands, like mine, are fantasizing about a retirement without the pitter-patter of little footsteps; and I know they've achieved, like me, something of a balance in their juggling acts. The question hanging between us is, Do you think *I* should have another baby?

But I won't ask that, ever. Not because I wouldn't trust my girlfriends with my life, which I would, but because their answer is bound to be influenced by impure motives. At this particular time in their reproductive lives, they're programmed to put their genes ahead of someone else's. They're likely to say things like, "Gawd, do you really want to buckle a five-point car seat for another four years?" or "You know, that extra baby can break up a marriage," until you go out and get yourself fixed. And then, as soon as you are safely out of the competition, they go and get pregnant.

Our mothers can't be consulted, either; they've gone through The Change. That leaves God, who must surely have experienced a similarly agonizing dilemma after six days of bringing forth Creation. God spoke to my friend Eileen loud and clear: The morning she was to have had the tubal ligation, she woke up with a 103-degree fever and a raging ear infection. "I mean, was that a sign or what?" she commented. "I haven't had an ear infection since I was four years old!"

While I wait for a burning bush or a parting sea to bail me out of this crisis, older friends remind me that in time I'll simply outgrow my baby lust. "I can't even remember it," says my friend Jane, who has survived three children, multiple marriages, innumerable careers, manic depression and menopause itself.

Oh, to think of it: No more schizophrenic dialogues! No more psychotic premenstrual episodes! No more creams, gels, foams, pills or latex devices!

But wait a minute—I'm supposed to rejoice in the promise of permanent infertility? As in, *the end of youth and womanhood?*

Being female is one helluva tightrope act, I've come to realize. Either we're driven to madness having to curtail our fertility, or driven to madness trying to jump-start it. For half our lives we curse the Curse; for the other half, we keep tampons around just as sentimental reminders. We're horrified at how child-rearing ages us, but we're positively terrified at the prospect of aging without children. We fear we're falling behind on our job parenting the kids we have, but we think we'd do a better job if we were to have more kids. We desperately, desperately want to get off the treadmill, grab a breather, take a break, be relieved of our unrelenting responsibility. But we desperately, desperately don't want to be relieved of our incredibly important role as Mother.

So, I'll let you know if there are any developments. Meantime, if you're the one who's got all my nursing bras, could you let me know when you'll be done with them? ●

HOW HEALTHY IS YOUR HOME?

Continued from page 161

as an early warning system so homeowners can take action quickly if readings are very high.

When short-term tests exceed 4.0 pCi/l (but are under 200 pCi/l), the EPA recommends either follow-up short-term testing or a long-term test using an alpha track detector, which is what the Gormleys plan to do. Left in place for ninety days to a year, alpha track detectors determine the annual average radon level. In the meantime, the family will move the kids' play area upstairs.

Radon-reduction methods range from simply sealing cracks and increasing ventilation to installing a sub-slab ventilation system. According to the EPA, the cost ranges from about $500 to about $2,500. The Gormleys' new house doesn't have cracks in the basement, so a cure is not simple. They'll await the results of the long-term test and see if further action is warranted.

The Good News: The Gormleys' allergy concerns made us consider testing the air. But after consulting with an indoor-air-quality specialist, RDS recommended against comprehensive indoor air testing at any of our three test homes. Though taking air samples can provide a complete breakdown on any particles, biological contaminants or gases in the air—including radon, asbestos fibers, lead dust, formaldehyde and much more—the testing is expensive and rarely necessary.

If the Gormleys had noticed a strange odor or visible mildew, air sampling might have been suggested. But the new house had neither and none of the family members had worsened allergy symptoms after the move.

In addition to cleaning, the American Lung Association suggests preventing indoor air problems by making sure your home has plenty of ventilation, maintaining humidity levels between 30 and 50 percent, not allowing smoking indoors and cleaning *(continued)*

(Hōme • māde • ēasy)*



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air conditioners, humidifiers and dehumidifiers regularly.

The Gray Area: It's not uncommon to find higher levels of formaldehyde gas in new homes because the chemical is used in so many building materials and seeps into the air. Heavy concentrations can cause headaches, eye irritation, fatigue and more, but there's little guidance when it comes to knowing how much is too much, since sensitivity varies from person to person. The legal limit set by the U.S. Occupational Safety and Health Administration for workplace exposure is an average of 1 part per million (ppm) over an eight-hour period, but there are currently no U.S. guidelines for homes, where people often spend more than eight hours each day. Some studies have shown ill-effects in sensitive people whose homes had levels as low as 0.1 ppm, which is the maximum level recommended by regulators in Canada, Sweden and Germany.

In the Gormleys' home, our short-term formaldehyde test recorded a level of "less than 1 ppm," but this test could not pinpoint a more precise number. Using a more sensitive monitor over four days, the results were 0.07 ppm in the living room and 0.06 in the girls' bedroom—well below the level of concern.

Reducing formaldehyde levels can be as simple as allowing more fresh air into the house to dilute the gas. Sealing exposed surfaces of formaldehyde-emitting materials (such as the insides of cabinets) may help, although some sealants may themselves contain formaldehyde.

If your home was built before the early 1980s, you may have urea-formaldehyde foam insulation, which can create much higher levels of gas. Mobile homes, which often include a lot of pressed-wood products, are also a prime location for formaldehyde gas, but the levels have declined somewhat since 1986, when HU started requiring the use of lowe formaldehyde-emitting products f building mobile homes.

No Guarantees

Two years ago, my husband, Bria and I bought our first home: a sm tri-level built in 1982 in Fort Collin Colorado. Though we love old hou es, we chose a newer one, assumi it would be free of things like le and asbestos. Our one concern w radon, but even that fear was p to rest by our home inspecto tests—or so we thought.

The Problems: According to our pr purchase radon report, the avera level detected was 2.15 pCi/l, w under the action level. To doubl check those results, Anthony set t two radon detectors in the lowe level of our house. The resul were 3.3 pCi/l in our guest roo and 5.3 pCi/l—just above the actio level—in the family room.

Since we don't have children ar spend little time in that part of th house, we weren't horrified, but th news was disturbing. We plan to fo low up with a long-term test.

Even more disturbing were the r sults of the carpet-sample tes Though the test isn't standard, RD arranged to have a sample of our ca pet dust analyzed at my reques While researching another LHJ sto ("Pesticides: What You Don't Kno Can Hurt You," June 1997), learned that weed killers from th lawn can be tracked indoors on yo shoes. Though both of us tak our shoes off at the door, we don ask that guests do so, and the prev ous homeowners had three boys wh were probably in and out all day.

Instead of the common law chemicals I expected, the lab turne up traces of three serious insect cides: DDT, which was widely use for mosquito control prior to beir banned by the EPA for use in th U.S. in 1972; beta-BHC, a chem cal restricted by the EPA in 197 and heptachlor, used to combat te mites before being severely restric ed in 1988. *(continue*

earless orecaster



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Our house was built after DDT was banned, and our carpet does not date back to 1988. So how did these nasty chemicals end up inside our home? Good question. All of them last a long time in the environment before breaking down, so they could have been tracked in. It's also possible that the builder pretreated the house for termites, which could account for the heptachlor, at least. While this practice is most common in southern states, it can happen anywhere.

While those minuscule amounts probably aren't too harmful, the test serves as a lesson: Pesticides don't stay where you put them, so consider using alternative pest- and weed-control methods whenever possible.

The Good News: Our furnace, tested by Craig Parro, with Hahn Plumbing & Heating, in Fort Collins, checked out just fine, as did two water samples from our tap, which were screened for lead. Why suspect lead in a relatively new home? Builders were allowed to use lead solder on plumbing pipes in my city until 1986; the practice wasn't completely banned nationwide until 1988.

The Gray Area: Surprisingly, some experts say homes like ours aren't guaranteed to be free of asbestos and lead paint. Why? Once a building material is banned, it doesn't disappear overnight; an unscrupulous contractor could continue using leftover materials for a few months or possibly even years. However, the risk is minimal, and testing isn't necessary unless you suspect a problem. For instance, if your children test positive for high levels of lead in their blood, or if your paint is peeling, it might be worth testing your paint even if your home was built after the ban.

Test Methods

Asbestos: You can't necessarily identify asbestos by looking at it. Samples of suspect materials—which can include everything from insulation and floor tiles to oven-door gaskets and textured ceiling paint—must be analyzed by a qualified lab. Our cost: about $25 per sample, which is typical. RDS took five samples at the Giehms' house, but a dozen or more would not be unusual. Collecting samples yourself isn't recommended because incorrect sampling could be more hazardous than doing nothing.

Carbon monoxide and other gases: Anything that burns fuel—whether a gas furnace, kerosene heater or fireplace—can release harmful gases if not used and maintained correctly. While all three of our test homes have fireplaces, none was due for a chimney cleaning and inspection (which should be done annually with regular use). However, we did hire local heating companies to inspect the furnaces, also an annual chore. Our cost: $34 to $69. Prices vary around the country and according to the complexity of the furnace.

ormaldehyde: RDS used a mechani- al air-grabber pump to force air om our test home through two ıbes filled with distilled water for ıirty minutes. The lab then analyzed ıe water for dissolved formalde- yde gas. Our cost: $150. We veri- ed those results with a long-term ormaldehyde monitoring kit made by ir Quality Research, based in Carr- oro, North Carolina. Easy for do-it- ourselfers to use, the two small test ıbes are simply uncapped and sus- ended from the ceiling on ribbons r five to seven days, then recapped ıd sent to the company's lab for ıalysis. The tubes contain a treated ıaterial that specifically collects ormaldehyde gas. The cost: $79. ome state public-health agencies rovide monitors at no charge.

ead in paint: The field specialist from DS gathered small chips of paint ıd soil samples for lab analysis. Our ost: $35 per sample (lab fees may ary). If you decide to gather paint amples yourself, ask the lab for etailed instructions. This method accurately detects even minute amounts of lead, but the cost can be steep if you sample a lot of areas.

A specialist can also use a hand-held X-ray fluorescence analyzer at a cost ranging from $300 to $800. Do-it-yourself chemical test kits are cheap but often unreliable, according to EPA studies.

Lead in water: Using sterile bottles provided by RDS, the homeowners in our test houses each filled one bottle with cold water first thing in the morning from the faucet farthest from where the city's water supply enters the house. That sample contained water that had been sitting in the pipes overnight. Then, the pipes were flushed for fifteen minutes before a second bottle was filled from the same tap in order to test water from the city's supply. Our cost: $20 per sample.

Water can contain other contaminants, such as radon, pesticides and metals. We requested a free water report from each town to find out if these had been checked. If you have a specific concern, you can also have your city's water tested by a state-certified independent lab.

Radon: RDS placed two E-Perm canisters in each of our test homes for two days. Our cost: $150 per test. The small canisters have a negatively charged disc inside; once opened, positively charged radon particles hit the disc. The altered charge is calculated, along with the amount of time the tester is left open, to determine the radon level.

You can also get reliable short-term results for much less (about $15 to $25 per test) by using do-it-yourself charcoal canisters purchased at hardware stores or through mail order. Be sure to choose kits that are labeled as EPA or state certified, and follow the instructions carefully. Confirm the results with a long-term alpha track detector (for $25 to $50), which remains in place for ninety days to one year. •

Sharlene K. Johnson is a contributing editor to Ladies' Home Journal





What She Did For LOVE

My mother still insists she did nothing out of the ordinary

By Marg Stark

Through most of my childhood, I had a fever—Donny Osmond fever. Mom ministered to every ache and pain and swoon of my eight-year affliction with the toothy Mormon crooner. She endured "One Bad Apple" played at eardrum-bursting decibels, and we replaced phonograph needles so often that people began to whisper about Mom and the manager at Musicland.

In reality, I was the broken record. I babbled nonstop Osmond. I wore nothing but Donny's color of choice—purple—which wasn't exactly plentiful in department stores. When Mom succeeded in unearthing purple socks, which were particularly scarce, I whined, "But they're not sparkly like Donny's. Can't we order the ones in the Osmond fan-club catalog? They're only $9.99 a pair."

I turned my bedroom into a shrine. Life-size posters of Donny in bell-bottoms papered the walls, and I wanted everything in the room—from the bedspread to the bean-bag chair—redone in shades of purple. Mom discouraged me, saying my room would match nothing in our home, neither the faded reds of the Oriental rugs nor the quiet blue of the wallpaper. But who was it that tried the patience of carpet vendors on both sides of the Kansas-Missouri border, eventually procuring an oblong lavender rug? Under her direction, my father stayed up all night to paint the walls and crown moldings of my room a deep violet that bleached at sunrise and blushed at sunset.

Summer vacations, Mom cheerfully drove me to all the Osmonds' appearances at state fairs in Missouri, Iowa, Kansas and Nebraska. The most monotonous summer scenery in the nation—cornfield after cornfield—ushered her from a punishing day of gluey cotton candy, stomach-turning carnival rides and sequin-costumed renditions of "Go Away Little Girl" that were barely audible over the screams of thousands of gum-chewing, nail-biting girls, myself included.

I have no idea how she tolerated this, or my inevitable postconcert declaration that Donny had locked eyes with me—no matter how far out in the bleachers we sat—and sung his most soulful number *directly to me*. Years later, when I ask, she merely shrugs, smiles and says, "It comes naturally."

But nothing tops the year I invited Mormon missionaries into our home, one afternoon a week for a month, to tell me about their religion—ostensibly for a social-studies project, but in fact preparation for having to convert when I married Donny. They lectured on about the history of Mormonism and its founder, Joseph Smith, while I made mental lists of my bridesmaids. Now, this would have been heroic for any mom, but for my own mother, the wife of a Presbyterian minister, it was nothing short of saintly.

Time passed, and Donny went on to marry someone else, as did I. Twenty years later, at age thirty-four, I am the mother of a seven-month-old son who is mesmerized when I sing "I'm a Little Teapot" over and over again. It won't be long before he'll insist on standing in a block-long line of starry-eyed kids to get his hero's autograph.

Life has, indeed, come full circle. Just months ago, I could not have fathomed singing the teapot song nonstop. Almost overnight, the remarkable has become routine.

In this circle of life, I am learning what my mom learned long ago, because when my newborn son smiles at me, I think my heart will burst. I finally understand what Mom meant about it coming naturally. And so I marvel, not so much at her innumerable acts of grace, but at the greatness of her heart. ●

Marg Stark is the author of "What No One Tells the Bride," to be published in June by Hyperion.

STEPHANIE FOWLER

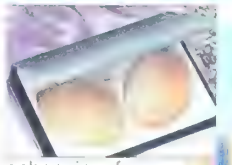
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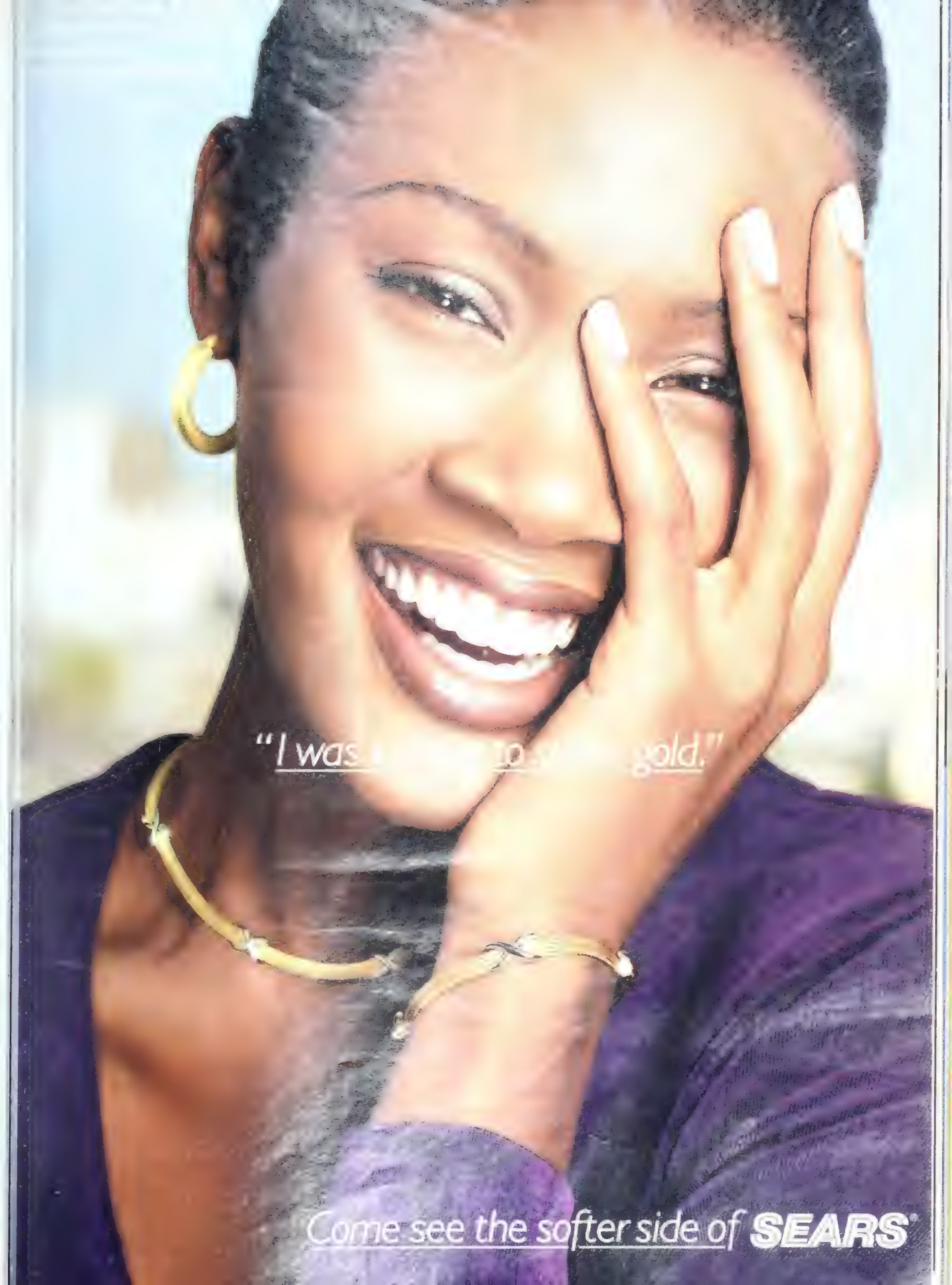
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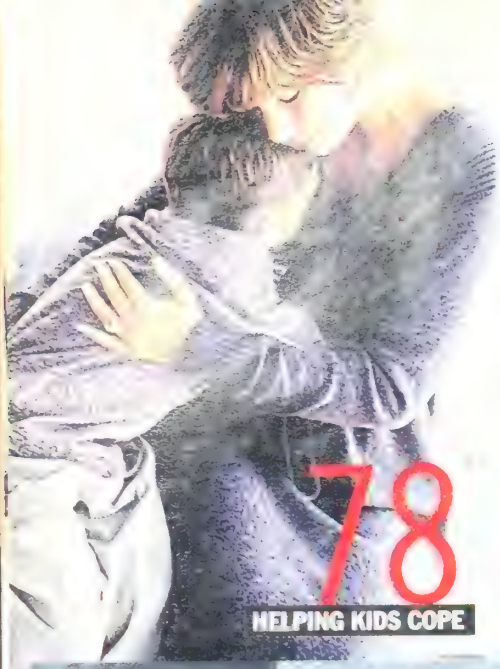
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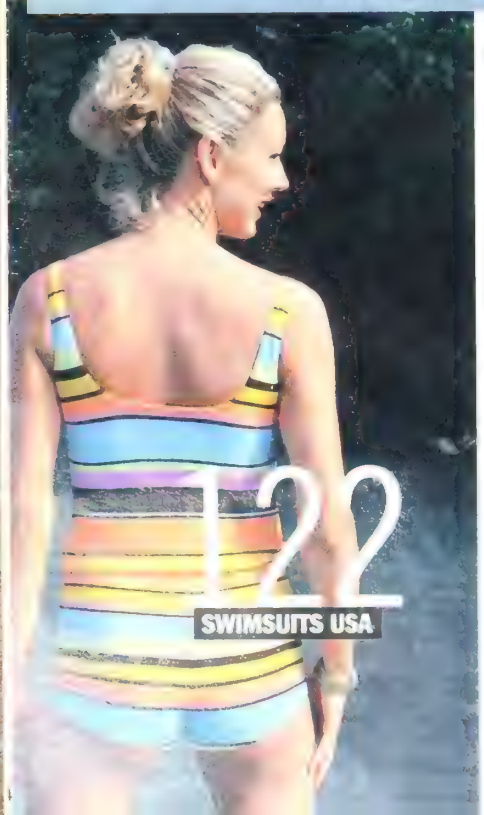
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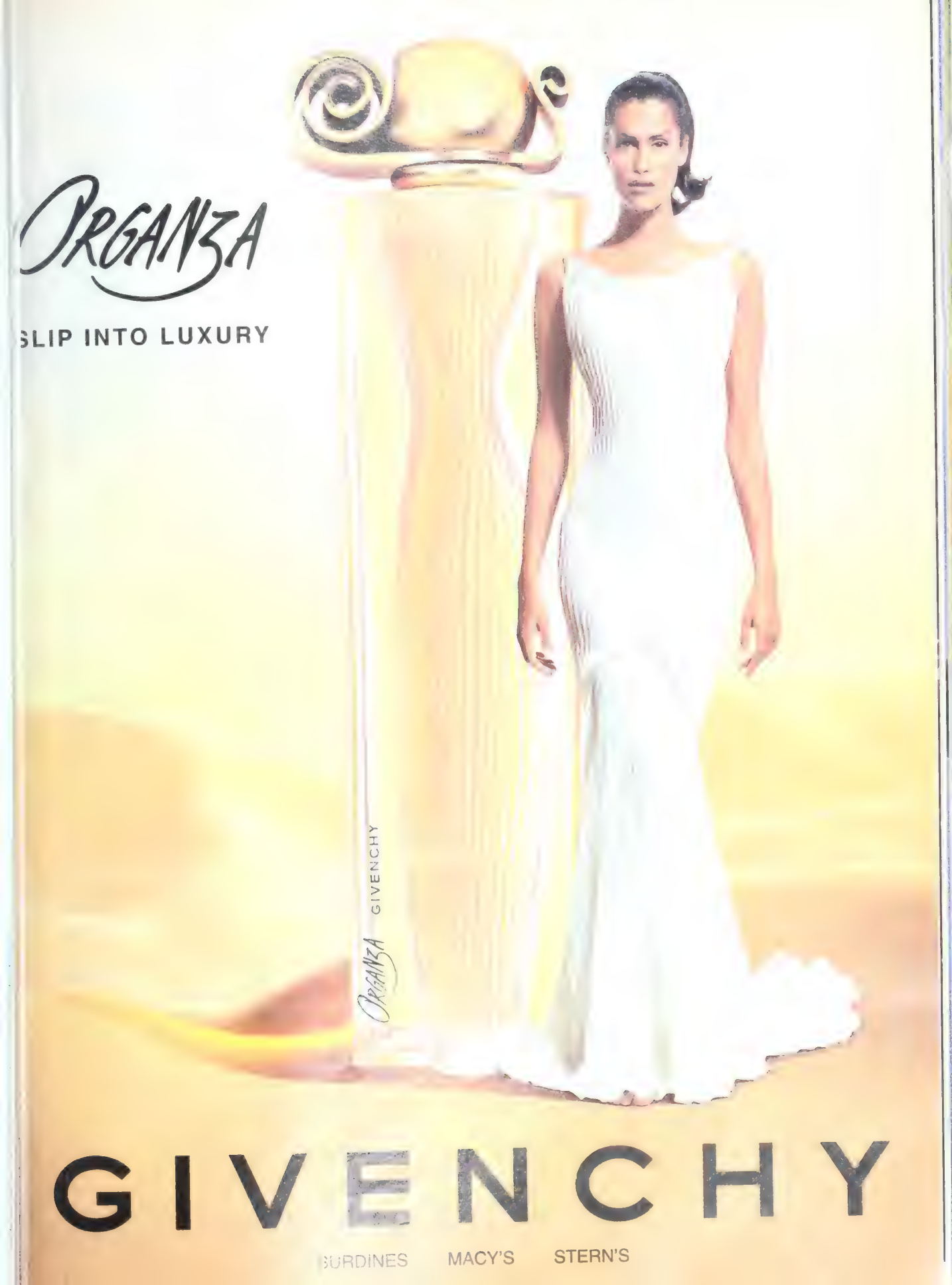
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Graham's headlines made headlines—and her newspaper empire made her a headliner

MEET THE PRESS
Katharine Graham
1917–

When Philip Graham, the president and publisher of *The Washington Post*, committed suicide in 1963, few guessed that his shy, forty-six-year-old widow would not only step into her husband's job, but that she would do it so capably that the paper would grow into one of the world's most respected dailies. Yet Katharine Graham did exactly that.

The first major test of Graham's mettle came in 1971, when she published portions of the Pentagon Papers, a classified government study detailing two decades of U.S. ineptitude in Southeast Asia. A year later, Graham made an even more momentous decision: She gave *Post* reporters Carl Bernstein and Bob Woodward the go-ahead to pursue the then-embryonic Watergate scandal.

The *Post*'s coverage of Watergate resulted in a Pulitzer prize in 1973. A year later, in August 1974, President Richard Nixon resigned.

By 1993, when Graham stepped down as chairman of The Washington Post Company, she had not only secured the newspaper's reputation, but had also turned the company into a $1.5 billion media empire.

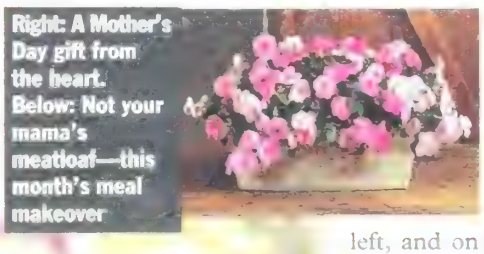
Marvelous Makeovers



You'll notice that we've made some changes in this month's magazine. First, the headlines on all your favorite columns, such as "Can This Marriage Be Saved?" have been redesigned, and some have been renamed, too. For example, from now on, we'll be bringing you all the latest in beauty and fashion on our Beauty and Fashion News pages, as well as up-to-the-minute information to make you smarter about shopping and money matters on our Consumer News page.

But our biggest makeover is Food Journal, our comprehensive food section. We've spent a lot of time lately thinking about how you cook today, and we know that there are many nights when you are in a hurry to get dinner on the table. That's why we are now beginning the food section with three quick and delicious recipes for weeknight dinners. Following that, you'll find a major feature filled with recipes, tips and information, like this month's "Lotsa Pasta" (page 140).

Because we also know that *Journal* readers are highly skilled, innovative cooks who are able to make exciting food for their family and friends, we're introducing some new columns, too—"Guest Chef," "In Season" and "Test Kitchen." We've also created a Meal Makeover feature, showing step-by-step exactly what we've done with a recipe to make a tried-and-true favorite (like the meatloaf, left, and on page 158) even more contemporary and appealing.



Right: A Mother's Day gift from the heart. Below: Not your mama's meatloaf—this month's meal makeover



That's just some of the food features you'll find in the magazine each month. But the *Journal* can help with your daily menu planning, too: At our Web site (*www.lhj.com*), you can register to receive RecipE-mail—a different recipe to make for dinner each weekday, sent to you via E-mail, direct from the *Journal* kitchen.

By the way, I think the perfect Mother's Day gift to give or get is a beautiful basket of impatiens like the one above, sold at nurseries across the country as part of a joint project of *Ladies' Home Journal*, the Susan G. Komen Breast Cancer Foundation and Goldsmith Seeds, Inc. (You'll find participating nursery listings on page 168.) A portion of the proceeds from the purchase of the flowers will be donated to breast-cancer research. Happy Mother's Day!

MYRNA BLYTH
Editor-in-Chief

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• **The Revlon/UCLA Women's Cancer Research Program** is in the final phase of clinical trials of the first genetically-based treatment for breast and ovarian cancers.

• **The Revlon Run/Walk for Women in Los Angeles,** the nation's biggest 5K event, has been a major source of funding for women's health issues. The New York Run debuts May 2. The L.A. Run will be held May 9.

• **The Fire & Ice Ball,** an annual celebrity-studded gala, generates funding to benefit the Revlon/UCLA Women's Cancer Research Program.

• **The National Breast Cancer Coalition.** Revlon has been a major sponsor of this organization's grass-roots drives for increased government research dollars.

• **The Revlon Chair in Reproductive Medicine** at New York Hospital Cornell Medical Center assists women facing problems in fertility.

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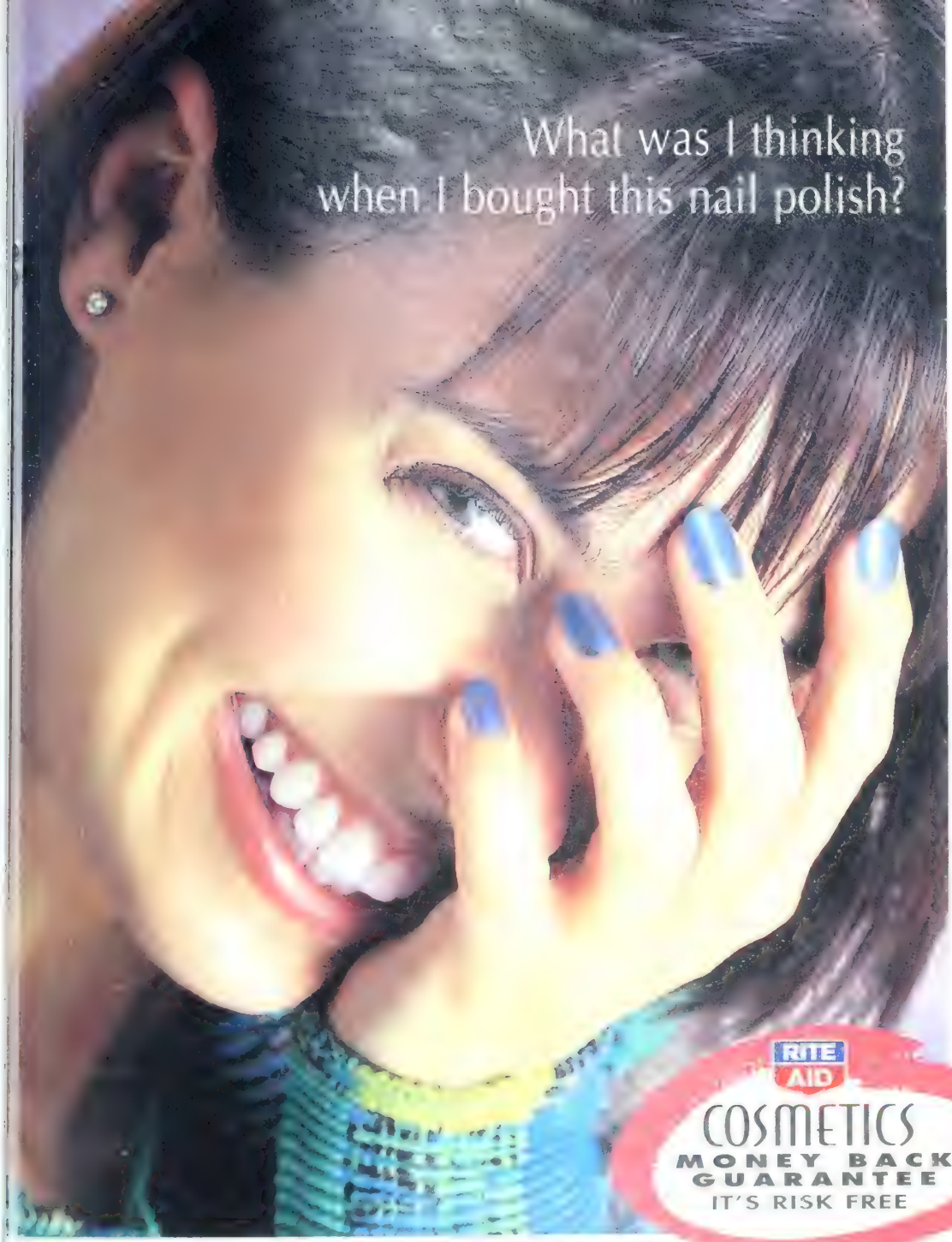
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"My Husband Is Sleeping With My Best Friend"

Sally knew something was wrong, but she couldn't believe Steve had betrayed her so cruelly

By Margery D. Rosen

SALLY'S TURN

"What have I done wrong?" sobbed Sally, thirty-two. "Steve is sleeping with my best friend, Monica. I can't tell you how often Monica and I sat at my kitchen table having coffee and talking about everything under the sun. Her child just had a sleepover date with my son. Now I see that she was using me to get close to Steve. How could this be going on right under my nose?

"Of course, I suspected something. For the past few months, Steve has been aloof, impatient and short-tempered with me and our three children—Kim, six, Timmy, four, and Ben, one. I tried to figure out why he seemed so unhappy, but he never reveals his feelings and I didn't want to push. We've been married seven years, and I've always been afraid that if I nag, he'll leave.

"I know I shouldn't have gone through his briefcase, but it was sitting open on the bedroom floor. . . . When I found the letters from Monica, I was stunned. That night, after the kids were in bed, I summoned every ounce of courage to ask him what was going on. He hemmed and hawed, then finally confessed that he's been sleeping with Monica for about three months.

"Now I see that Monica is just the type to steal someone's husband. She wears bikinis and high-heeled sandals to the pool club; her husband works twenty hours a day, so she hardly ever sees him.

THE MOST POPULAR, most enduring women's magazine feature in the world. This month's case, about a couple struggling with the issues surrounding a husband's infidelity, is based on interviews with clients and information from the files of Dorothy Buckner, M.Ed., a marriage and family therapist in private practice in Atlanta. The story told here is true, although the names and other details have been changed to conceal identities.

"But what do I know about happy marriages? My father was in the military, and he and my mother divorced when I was eight. Even when Dad was stationed nearby, he never attended a single school event. When he did come to see me, we'd go for long walks and I'd feel special. But then he'd disappear again.

"My sister and I were basically raised by our grandmother. When Mom wasn't working, she was helpless and tearful most of the time. We learned not to expect much.

"I couldn't wait to get away from home. Enrolling at the state university was like a window opening for me. I realized for the first time that I was good at many things. I graduated with a degree in social work and found a job counseling adolescents at a residential treatment center near Atlanta.

"Steve was doing his pediatric residency and working part-time at the center. At first I wasn't interested in him, but he was persistent—as well as witty and kind and the most romantic man alive. He brought me flowers and wrote beautiful poems.

"We lived together for a year, then got married. Within a *(continued)*

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year, Kim was born, and soon after, Timmy arrived. Steve was a staff physician at a clinic, and though he wasn't making a lot of money, we agreed that I'd stop working. I was determined to be the mom I never had, and Steve was a great dad. But by the time Ben was born, we were slipping away from each other.

"My mother died when Ben was six weeks old. We had just moved into a new house, and I was overwhelmed caring for three small kids. Steve had been offered a part-time teaching position at the university, which we needed, because he'd just started his own practice. But at the last minute, the job fell through.

"That's when Steve really withdrew. He said it was my fault we spent so much on this new house. The truth is, we'd made the decision to be house-poor together. What infuriated me was that, at the same time, he went off and bought a shiny black Porsche, which is not exactly a family car.

"I never said anything. I didn't want Steve to resent me. I was already feeling insecure. He'd say things like, 'Sally, we're just not interested in the same things anymore,' and when I'd ask what he meant, he couldn't be specific.

"I must sound incredibly naive. Until I saw those letters, it never occurred to me he'd have an affair. I love this man, and I don't want a divorce. But I'm scared and lonely, and I have no one to count on."

STEVE'S TURN

"I don't know what's come over me in the last year or so," said Steve, thirty-two, a handsome man who spoke softly but in an oddly disconnected way. "I love Sally, and I can't believe I've hurt her so badly.

"Lately I feel like I'm going a hundred miles per hour and I can't slow down. Getting a practice going isn't easy, and though pediatricians make a very decent living, I'll never command the kind of salary a cardiologist does. Now I sound just like my parents. My dad was a psychiatrist, and my older brother is a neurosurgeon. In the medical world, those specialties garner greater respect than pediatrics. And status has always been important to my parents.



Forgiveness did not come easily, but this trauma allowed Sally and Steve to develop a new, deeper intimacy

"Mother, a homemaker who helped out with Dad's practice, was totally into appearances. I was a chubby kid, and she pushed me mercilessly to lose weight. For several years in my late teens I was bulimic—eating disorders in guys are not as unusual as most people think.

"I managed to stop the bulimia on my own, but the insecurities are still with me. Both Mom and Dad were goal-oriented and very controlling. Mother especially had a certain look whenever she was displeased, which was often. Though I was a success by anyone else's standards, I never felt as smart or successful as my brothers.

"I always wanted to be a doctor, and since I loved working with kids, pediatrics was a natural choice, despite my parents' dismay. But money has been tight, and when the teaching position fell through, I came unglued. I also felt Sally was expecting certain things from me—a beautiful home, a certain salary—and that increased the pressure. But instead of talking about my fears, I pulled away. Of course, I see that only now.

"At that point, Monica, an administrator at the clinic where I'd worked, came into my office after the nurses had left and said flat out that she was not sexually satisfied in her marriage and was very attracted to me. I lost my head and forgot about everything I knew was right. It was stupid, it was hurtful, it was wrong. But I did it anyway.

"During the whole affair, I felt totally disconnected from what I was doing. I lied, I misled Sally and I didn't care. I managed to put up a mental wall, to do what I felt like doing and ignore the consequences of my actions. I lived in a fantasy world—this incredibly sexy woman was coming on to me, and how could I say no?

"But when Sally confronted me, I was overcome with guilt and remorse. I have no excuse. I only wish I could make Sally stop blaming herself. She's always been like that—she criticizes herself constantly, doesn't think she's as pretty or as thin or as smart as her friends. It does make me a little nuts, but I'm not saying that's any reason for what I did. I *(continued on page 20)*

After menopause,

women have

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to prevent osteoporosis.

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Now that you're through with menopause, your body makes 80% less estrogen. Losing estrogen can mean losing bone. Left untreated, that can lead to osteoporosis. But now there's a new way to prevent osteoporosis: Evista.

Evista isn't a traditional hormone. It's a SERM: Selective Estrogen Receptor Modulator, and it's been tested in clinical trials with over 12,000 women worldwide. In most women, Evista preserves bones and helps keep them strong. And while it preserves bones, it may also help lower cholesterol. Evista can even increase bone mass–though not quite as much as estrogen replacements.

Importantly, women taking Evista had no increased risk of breast or uterine cancer in studies of up to three years. And most women didn't get the bleeding, bloating, and breast tenderness often associated with estrogen replacements.

Evista is for the prevention of osteoporosis in postmenopausal women. If you are Caucasian or Asian, have a slender build, do not exercise, or have a family history of osteoporosis, you may be at increased risk. Also, if you don't get enough calcium in your diet, you should take calcium supplements. Your doctor will tell you that Evista will not help with hot flashes and its effect on fractures is not yet known.

If you are or can still become pregnant, have liver problems, or have had blood clots that required a doctor's treatment, Evista is not for you. Similar to estrogen replacements, taking Evista may increase the risk of these clots – being immobile for a long time adds to that risk. The most commonly reported side effects of Evista were hot flashes and leg cramps, although most women didn't find them serious enough to stop taking Evista.

Ask your doctor about Evista. It's available by prescription only. For more information, call toll-free 1-888-384-7823, visit www.evista.com, and read the next page. Because now you have a new choice.

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INFORMATION FOR THE PATIENT
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Important Information for Patients Using EVISTA for the Prevention of Osteoporosis after Menopause

Please read this information carefully before you begin taking EVISTA. It is important to read this information each time your prescription is refilled in case new information is available. This summary does not tell you everything about EVISTA. Your doctor is your best source of information about this medicine. You should talk with him or her before you begin taking EVISTA and at regular checkups.

What is the most important information I should know about EVISTA?

EVISTA is for use only by women after menopause to prevent osteoporosis.

If you are pregnant or can become pregnant you should not take EVISTA because it could harm your unborn child.

Do not take EVISTA if you have or have had blood clots, if you will be immobile for a long time or if you have liver disease.

What is EVISTA?

EVISTA is a medicine used by women after menopause to prevent osteoporosis (thin, weak bones).

How does EVISTA work?

In most women, EVISTA stops the loss of bone that often occurs after menopause. EVISTA acts like estrogen on the bones, although it builds bone to a lesser extent than estrogen. It is not known if EVISTA prevents fractures. EVISTA does not act like estrogen on the breast or uterus.

What does EVISTA not do?

EVISTA will not treat hot flashes (see **What are the possible side effects of EVISTA?**).

EVISTA does not stimulate the breast or the uterus. This means that some of the common side effects of estrogen, such as spotting or menstrual-type bleeding and breast tenderness, may be avoided. EVISTA did not increase the risk for breast cancer or cancer of the lining of the uterus in clinical studies up through two and one-half years.

Who should not take EVISTA?

Do not take EVISTA

- unless you have been told by your doctor that you have passed menopause. EVISTA is for use only by women **after menopause**.
- **IF YOU ARE OR CAN BECOME PREGNANT BECAUSE IT COULD HARM YOUR UNBORN CHILD.**
- if you have or have had blood clots that required a doctor's treatment. These may include clots in the legs, lungs or eyes (thrombosis or phlebitis). Taking EVISTA may increase the risk of these blood clots. These clots can cause serious medical problems, disability or death. If there is anyone in your family with a history of blood clots, or if you have congestive heart failure or active cancer, you should discuss this with your doctor.
- if you have liver disease, unless your doctor says it is all right to take EVISTA.
- if you are allergic to EVISTA or to any ingredients in it.

How should I take EVISTA?

- Take one EVISTA tablet once each day.
- EVISTA can be taken with or without food and at any time of the day.
- If you miss a dose, start taking the medicine again as soon as possible, on your normal schedule. You do not have to make up for the missed dose.

It is important to keep taking EVISTA for as long as your doctor prescribes it. EVISTA can prevent osteoporosis only if you take it regularly.

EVISTA has been prescribed specifically for you by your doctor. Do not give your medicine to anyone else, even if they have a similar condition—it may harm them.

What should I avoid while taking EVISTA?

While taking EVISTA, you should avoid

- being immobile for a long time, for example, staying in bed after surgery or prolonged bed rest. Being immobile may increase the risk of blood clots (such as clots in the legs, lungs, or eyes). You should stop taking EVISTA at least 3 days (72 hours) before you plan on being immobile for a long time. EVISTA therapy should only be started again after you are back on your feet and fully mobile (see **What are the possible side effects of EVISTA?**). When traveling for long periods, it is important to get up and move around periodically.
- taking any form of estrogen therapy that comes as a pill, patch or injection.
- taking the cholesterol-lowering medicine cholestyramine.

Ask your doctor if there is anything else you should avoid while taking this medicine.

If you are taking warfarin or other coumarin products (blood thinners), your doctor may need to check your prothrombin time ("pro-time") and adjust your medicine when you first start taking EVISTA.

You should tell your doctor if you are taking any other medicines.

What are the possible side effects of EVISTA?

A rare, but serious, side effect with EVISTA is blood clots in the veins. These blood clots can prevent blood flow and cause serious medical problems, disability or death.

Be alert for signs of trouble. Report these or any other unusual side effects to your doctor immediately.

- pains in the calves or leg swelling (this can indicate blood clots in the legs).
- sudden chest pain, shortness of breath or coughing blood (this can indicate blood clots in the lungs).
- changes in vision (this can indicate blood clots in the eyes).

If you have these or any other problems while taking EVISTA, contact your doctor or pharmacist as soon as possible (see **What should I avoid while taking EVISTA?**).

Patients taking EVISTA had a higher occurrence of hot flashes than patients taking a placebo (sugar pill). The incidence on placebo was 18%, and the incidence on EVISTA was 25%. Most patients noticed this side effect early in their treatment. It was unusual for patients to develop hot flashes after the first 6 months of treatment.

Patients taking EVISTA had a higher occurrence of leg cramps than patients taking a placebo (6% versus 2%, respectively).

Like all medicines, EVISTA may cause side effects in some patients. This summary does not include all possible side effects with EVISTA. Your doctor has been informed of other complaints reported during clinical trials. Complaints that were reported about as often with placebo (sugar pill) as with EVISTA are not discussed here. It is important to talk with your doctor about possible side effects. If you want to read more, ask your doctor or pharmacist to give you the professional labeling.

Most patients tolerate treatment with EVISTA very well. The majority of side effects in clinical trials with EVISTA have been mild. They did not usually cause patients to stop taking the medication.

What should I know about osteoporosis?

Your bones are constantly being rebuilt. First, old bone is removed, then it is replaced with new bone. This process keeps your skeleton healthy and strong.

When the ovaries stop producing the female hormone estrogen and a woman enters menopause, the body changes in many ways. For example, bone may be lost faster than it can be replaced, causing the bones to grow thinner and weaker. This thinning of the bones is called *osteoporosis*.

At the start, osteoporosis has no symptoms. However, as it gets worse, it can cause broken bones (fractures) leading to pain and disability. Fractures due to osteoporosis often occur in the spine, hip or arm. Fractures of the spine are often painful, and over time they can cause height loss and deformity. The spine can curve and the body can become bent over.

In addition to EVISTA, your doctor may recommend other ways to help prevent osteoporosis. These may include taking calcium or vitamin D supplements, getting certain types of exercise, quitting smoking and drinking less alcohol.

Other Important Information

If you experience any of the following conditions during treatment with EVISTA, please contact your doctor.

- swelling of hands, feet or legs
- abnormal bleeding from the vagina
- breast pain or enlargement
- pregnancy

EVISTA also lowers the blood level of total and LDL ("bad") cholesterol; it does not raise triglycerides or HDL ("good") cholesterol.

Unlike estrogens, EVISTA does not stimulate the breast or the uterus. If you experience vaginal bleeding or breast symptoms, you should see your doctor.

Keep this and all medicines out of the reach of children. In case of overdose, call your doctor, hospital or poison control center immediately.

This summary gives you some important facts about your medicine. If you have any questions, ask your doctor. If you want to read more, ask your doctor or pharmacist to give you the professional labeling.

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Indianapolis, IN 46285
USA

EVISTA® (raloxifene HCl)

CAN THIS MARRIAGE BE SAVED?

Continued from page 16

want to stay married, and I only hope that somehow, someday, Sally will forgive me."

THE COUNSELOR'S TURN

"I believe strongly that just about any marriage can work as long as both people want it to," noted the counselor.

"Steve promised to end the affair immediately, and he accepted full responsibility for his actions, though Sally believed Steve's betrayal was somehow her fault.

"Having grown up with little emotional support, feeling unloved and abandoned by both parents, she never believed she could count on anyone. Though college had given her self-esteem a temporary boost, she remained haunted by self-doubt. For most of their marriage, Sally's priority was pleasing Steve. As long as she didn't make waves, she reasoned, he wouldn't abandon her.

"Despite his bravado, Steve was also lacking in confidence. He constantly pushed himself, yet received no acknowledgment of his efforts. More often than not, he was either criticized or compared unfavorably to his brothers. In Steve's home, appearances were everything, and every aspect of his life was choreographed; food was the only area in which he could gain some measure of control.

"Though Steve was unusually perceptive about his problems, he had no idea how to change; he hid his lack of confidence behind a facade of charm. When the multiple stresses of work, finances and family became too much, Steve spun out of control. His wobbly ego needed the boost of an extramarital affair.

"My first goal was to get Sally to stop assuming that every problem was her fault. Discussing the similarities between her feelings of childhood abandonment and those she felt in her marriage sparked insight for her. I suggested that when she senses she is drifting into self-blame, she take a deep breath and ask herself: 'What's really going on here?' And, if she has any doubts, to bring *(continued)*

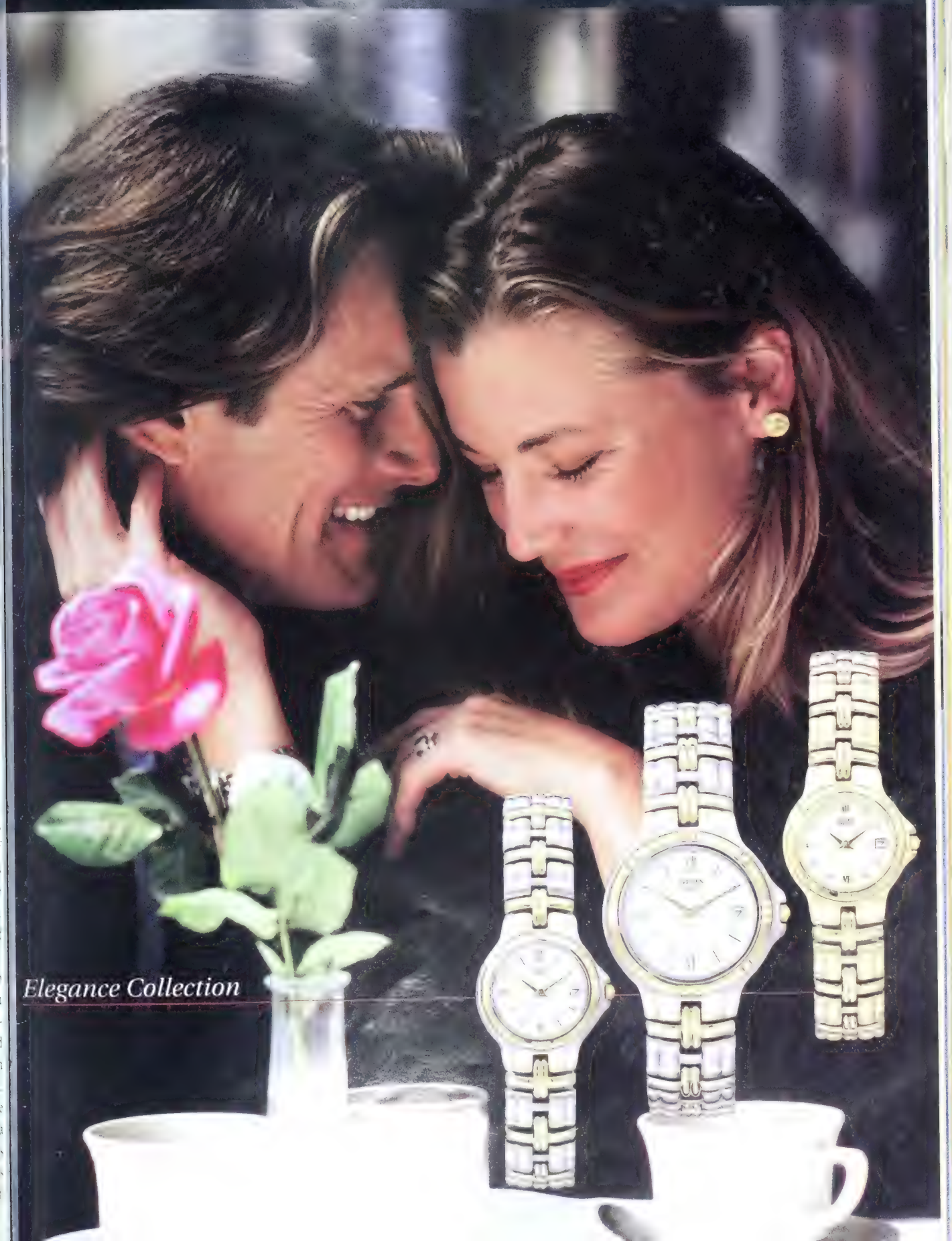


LHJ BOOK BAG

Now, "Can This Marriage Be Saved?" has been compiled in a book containing stories of real-life couples in distress and their efforts to overcome it. The 352-page softcover book is offered by a special arrangement with Workman Publishing.

To order, indicate how many books you would like and send a check or money order for $14.95 per book to *Ladies' Home Journal*® Resources, Dept. L0598, P.O. Box 9381, Des Moines, IA 50306-9381. To use your Visa or MasterCard, call 800-763-6393. (Price includes shipping, handling and applicable sales tax.)

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them up with Steve before they mushroom. Once she was able to do this, we could move on to the next step—dealing with anger.

"Sally had been burying her resentment for years. She simply could not get angry. As long as she stayed in that posture, she would remain depressed and helpless—like her mother.

"Sally had confused confrontation with combat and assumed it should be avoided at all costs. But confrontation is the key to addressing problems as well as to determining whether your feelings are accurate. After talking about this for many weeks, Sally understood that by speaking up, she could short-circuit her self-deprecating thoughts and strengthen the communication between her and Steve.

"As Sally became increasingly aware of her rage at Steve's betrayal, frequent arguments erupted at home. She became upset over minor irritations—laundry left unfolded on the bed or the fact that Steve had said he'd give the children a bath that night and then got immersed in a basketball game on TV. Tension eased when I suggested that one of them immediately call a time-out when the atmosphere grew heated, write down what had started the fight and the direction it had taken, and then agree to table the issue until we could work it out in my office.

"For his part, Steve has worked hard to restore Sally's trust. He checks in during the day to ask how Sally is doing and to let her know what he's doing and where he's going. As their communication improved, Steve realized his self-worth was not linked to his net worth, and he no longer needs the external acknowledgment of his attractiveness from others, or to prove himself by buying expensive toys. He sold the Porsche and agreed not to make financial decisions before discussing them with his wife. He now shares things he kept secret before—the ups and downs of his work as well as his doubts about being a successful physician and father.

"Most important, Steve and Sally make a point of spending time alone together as a couple—they've hired a baby-sitter one night a week, and they plan one night away at least once a month. During one of these times, they discussed finances, and Sally was able to reassure Steve that she didn't care how much money he made or what kind of house they lived in. 'Perhaps you're projecting your own expectations onto Sally,' I suggested, and Steve agreed.

"Sally, however, is still hurting and will be for some time. She and Steve have finished counseling, but they still come once a month to discuss personal issues. When I asked Sally if she'd forgiven Steve, she hesitated and said, 'Mostly. Each day is a test, but I believe we can get past that.' Indeed, I think this trauma has allowed Sally and Steve to get in touch with aspects of their personalities and their past with which they had never dealt, and to reveal themselves to each other in a much more intimate way." ●











Foot Notes

If you buy only one pair of sandals this summer, make it a wedge. Do it for looks: The chic shoe has a sculpted (not clunky) arched platform sole that makes calves look sexy. Or do it for comfort: "Compared to high heels, the wider, thicker base puts less pressure on the heel and ball of your foot," says Robin Ross, D.P.M, a podiatrist in Cutchogue, New York.



Summer Scentsations

Looking for something light, bright and right for the season? Floral fragrance fills the bill, and now there are three new types:

fruity

If you love Christian Dior Diorissimo, then you'll adore Annick Goutal Petite Cherie ($60), Nicole Miller Nicole ($45) and Valeria ($40).

green

If you love Estée Lauder Aliage, try Bobbi Brown bobbi ($50), Avon/Diane von Furstenberg Forest Lily ($18) and Priscilla Presley Roses and More ($15.50).

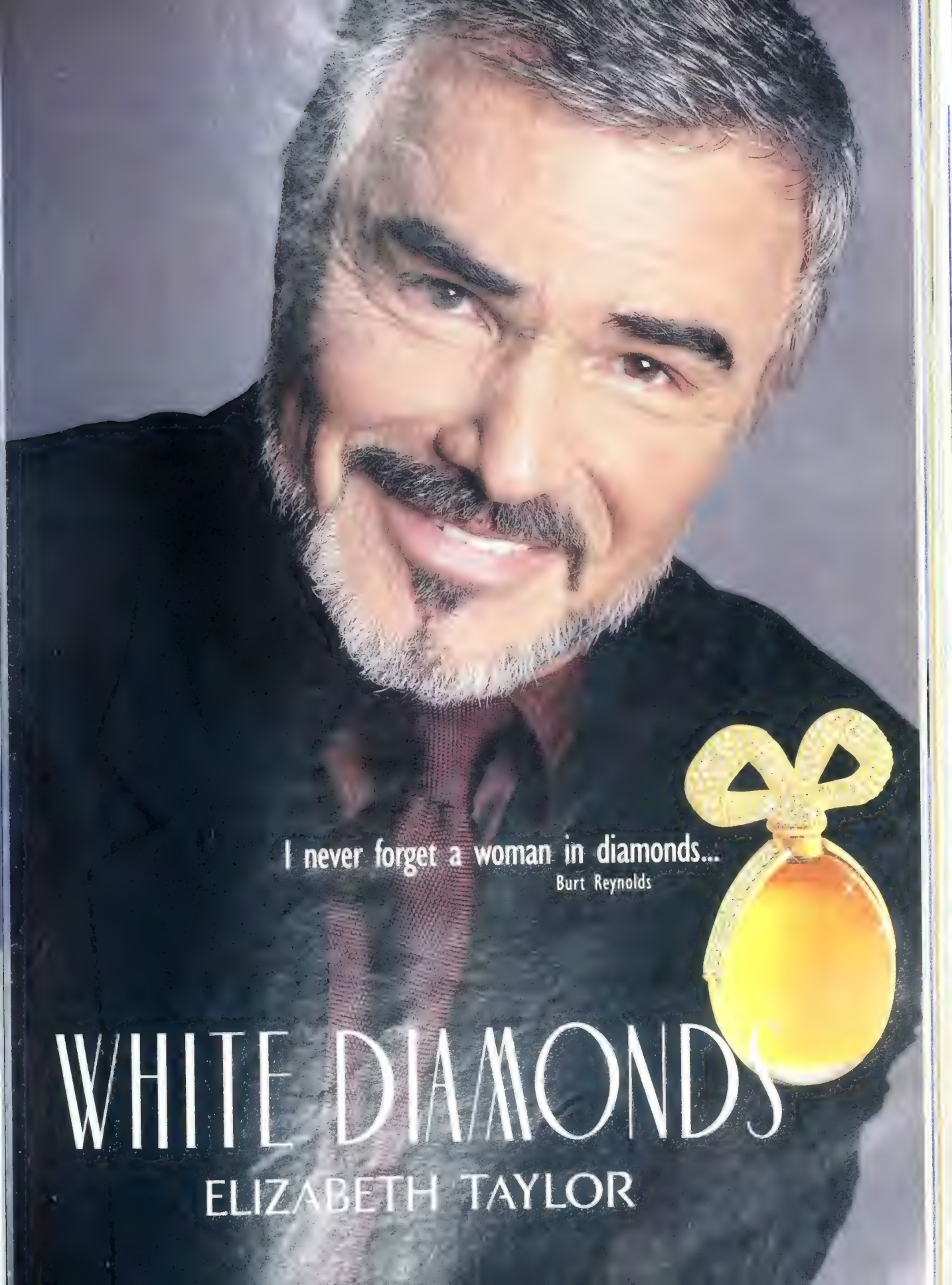
exotic

If you love Elizabeth Taylor Black Pearls, then you'll adore Prescriptives Flirt ($40), Givenchy Extravagance d'Amarige ($44) and Nu Skin/Christie Brinkley Believe ($21.50).



Sticky Weather

The ideal new summer staple: stick foundation, which, in one very portable package, offers quick, one-step coverage that won't melt when the mercury mounts. It's even incredibly easy to use. "Apply directly to your face in a few broad strokes," says Darac, national makeup artist for Prescriptives, "and use the warmth of your fingertips to blend."


I never forget a woman in diamonds...
Burt Reynolds
WHITE DIAMONDS
ELIZABETH TAYLOR

The Great Cover-Up



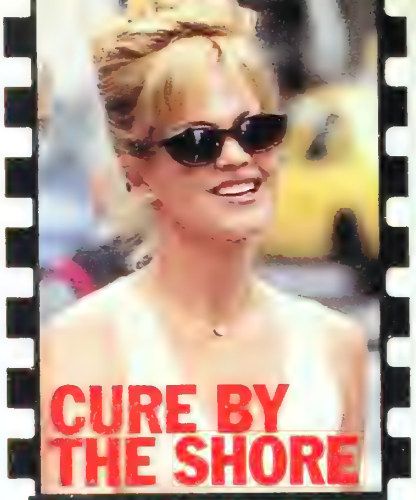
What's your summer sun agenda? To get a safe tan? To block till you drop? Now there's a sunscreen to help you achieve the results you want that will suit your skin type and lifestyle:

[illegible] you need a rubproof, sweatproof, waterproof sunblock that provides UVA and UVB protection that lasts longer than average. Try Physician's Formula Sun Shield Sport Dry Lotion Sunscreen SPF 15 ($7.50), Banana Boat Action Sport Spray Gel SPF 15 ($7.50) and Body Drench Action Sports Formula SPF 30 ($16).

If you have oily skin and are afraid of breakouts, you need a non-greasy, oil-free non-comedogenic sunscreen. Avoid products with mineral oil as well as water-resistant formulas, which can be greasy. Try Neutrogena Oil-Free Sunblock SPF 30 ($9.25), Coppertone Oil-Free Sunblock Lotion SPF 15 ($7.69) and Banana Boat Faces Plus Sunblock Lotion SPF 14 ($5.99).

[illegible] you need a broad-spectrum sunscreen. Yes, even in the shade. Look for an SPF 15 or higher with ingredients like Parsol 1789 or Transparent Zinc Oxide. Try: Avon Age Block Daytime Defense Cream SPF 15 ($12.50), Ombrelle Sunscreen Lotion SPF 15 ($10) and Iguana Sunblock SPF 30 ($7.99).

If you love to [illegible] but want to be sun-smart, or if you just love the look of a tan, you need an SPF 15 or higher that you can wear over a dark self-tanner. The newest self-tanners form a tan within an hour and come in a foam or tinted gel that lets you see where you are applying them. Try: Clarins Sun Care Cream SPF 15 ($19.50) over Hawaiian Tropic Herbal Self-Tanning Foam ($8.15) or Clinique Self-Tanning Lotion Dark ($14.50).



CURE BY THE SHORE

Tune in to QVC on Saturday, May 16 (11 A.M. to 1 P.M., E.T.) for a live benefit from the Cannes Film Festival. Celebrities such as Melanie Griffith will be helping to sell discounted sunglasses from designers like Nine West, Ray Ban and Calvin Klein. Proceeds will go to the National Women's Cancer Research Alliance.

MOVE OF THE MONTH

Want halter top–worthy shoulders and arms? Then try this modified push-up from High Voltage, the female celebrity trainer and author of *Energy Up!* (G.P. Putnam's Sons, 1997). Place hands and knees on the floor, with feet raised behind you. Arms should be straight; hands shoulder-distance apart. Lower your body, bending elbows out to the sides, keeping back flat. Return to starting position. Work up to three sets of twenty. For instructions on how to make this move part of a complete workout regimen, see page 98.



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Leslie Sadasivan honors her son's memory by speaking out for tolerance toward gay children

"My Son Didn't Have To Die"

I loved Robbie for who he was. But society made him hate himself for being gay

By Leslie Sadasivan, as told to Cynthia Hanson

My son Robbie's room is exactly as he left it. On one wall, there is a banner from Disney World; on another, his acceptance letter from a prestigious high school. The top of his bureau is covered with family photographs, religious statues and a Bart Simpson doll. It's been more than a year since Robbie died, yet I can't bring myself to pack his things away. I often sit on the edge of his bed, clutch his pillow and pray for strength to endure the pain.

Last year, my world fell apart when Robbie committed suicide. He was only fourteen. I'll never completely understand why he did it, but I do know that he felt depressed, ashamed, tormented by his peers and unable to accept himself—all because he was gay.

I'm telling Robbie's story to help spread my message about teaching tolerance for homosexuality. The statistics are grim: Gay children are two to three times more likely to attempt suicide than straight kids—and may account for 30 percent of all teen suicides, according to the U.S. Department of Health and Human Services. I want to keep other parents from suffering a loss like mine, and to keep gay children from wanting to die because they're different from other kids.

I try to remember Robbie as the happy child he was, not the troubled teenager he became. I see him baking Christmas cookies and hear his sweet voice saying, "I love you, Mommy." A divorced mother, I had custody of him and his older sisters, Danielle (now twenty) and Claudia (now nineteen), but my ex-husband, John Kirkland, an FBI agent in nearby Cleveland, saw Robbie on weekends and was very involved in his life. In 1984, I married Dr. Peter Sadasivan, a kidney specialist I met at the outpatient clinic where I worked as a nurse. Our daughter, Alexandria, is five.

As a toddler, Robbie loved to play with his sisters' dolls. I didn't think anything of it until a friend pointedly asked, "Aren't you afraid he'll be gay?" I told her no. Sexual identity, I believe, is determined at birth; you can't "make" someone gay, with toys or anything else.

I sent my children to a local Catholic school. But Robbie's gentle nature made him a target for bullies; he would come home crying, with torn clothes and scratches over his body, and once, a bump on his head from a rock someone had thrown. Talking to teachers didn't help. At Robbie's request, I enrolled him in another parochial school, but he remained in a funk, convinced that he was different from his classmates. In a way, that was true: I didn't know it then, but at ten, he was already finding himself attracted to other boys. (Experts say it's not unusual for children to be aware of their sexual orientation as early as elementary school.)

Robbie was close to his sisters, father and stepfather. But throughout sixth and seventh grade, we noticed that he was becoming distant and increasingly forlorn. He joined the school basketball team *(continued)*

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in an effort to fit in, but a few of his teammates taunted him, too. At home, Robbie stayed in his room; at first I thought it was just a teenage need for privacy, so I didn't pry. I learned later that he was spending much of his time writing sad, poignant poems about his pain and loneliness. One of them was titled "I'm Dying and No One Cares."

Robbie had a good friend in Jenine, a girl he saw every summer at camp. For several years, he wrote a series of letters to her that now seem like desperate cries for help: "Sometimes I feel really, really alone," one said. "Not like I'm friendless, just alone . . . I have this weird feeling something REALLY BIG and TRAGIC is gonna happen soon. It's probably nothing. I hope it's nothing."

In later letters, Robbie told his friend that his classmates teased him about being gay, because he had a slight lisp and didn't like sports. He also confessed that he fantasized about committing suicide "and how everyone would cry and feel bad that they treated me so unjustly."

In February 1996, things got worse. Peter and Alexandria were using our new computer when a picture of a naked man flashed on the screen. Robbie claimed that someone on the Internet had made him download it, but that didn't make sense. I asked him if he was gay, but he denied it. Then we got a huge bill from our online service. We confronted Robbie, who apologized and confessed that he had been going online but didn't realize how many hours he had run up. I canceled the account, and John and I punished Robbie by making him do chores to pay off the debt. He had always been so responsible that we hadn't monitored his computer use closely.







Robbie's family grieves for the happy child he was and the troubled teen he became. At left, Robbie's last photo, Christmas 1996

Of course, the signs seem so obvious now, but back then, John, Peter and I were trapped in denial, hoping that Robbie was straight. It's not that we were homophobic; we just knew what a difficult life he would face if he was gay.

One day in March, I went to wake up Robbie—and he wasn't there. I called the school to see if he'd gone to class early; he wasn't there, either. Frantically, I searched his room and found a note saying that he had run away. After an anxious night, we finally got a call from a police station in Chicago. Robbie had taken a bus to find a man he had met on the Internet. Fortunately, someone saw him at the depot and took him to the police.

During my search of the bedroom, I was shocked and heartsick to find a suicide note dated a few weeks earlier that began, "Whatever you find, I'm not gay." From an unmailed letter to Jenine, we learned that Robbie had written that note after swallowing an overdose of painkillers while the *(continued)*

"Mom and Dad, I'm gay"

When a child comes out, how should a parent react?

"Hug her and say, 'I love you,'" advises Nancy McDonald, president of Parents, Families and Friends of Lesbians and Gays (PFLAG). "A child's biggest fear is that her parents will reject her once the secret is out. They should treat the information as a gift of honesty." Steve Laughner, executive director of Indiana Youth Group, which provides social support services for gay youth, adds, "Parents don't have to approve, but if they react in a negative way, their child may shut them out and go elsewhere for support."

The experts offer more advice for parents of gay children:

- **It's quite normal for parents to feel confused or upset when a child comes out. Therapy—alone or with the child—allows parents to discuss these issues and come to terms with the truth. Reading about homosexuality is also helpful.**
- **Friends and peers of gay children may harass, reject or even try to hurt them once they learn the truth. Children should be advised to tell others only on a need-to-know basis, and parents should talk about the possible consequences.**
- **Like Robbie Kirkland, gay children may be unhappy or conflicted. A child who shows warning signs of depression—a drop in grades, weight loss, social withdrawal—should be seen by a mental-health professional.**
- **It's important for both parents and children to attend support groups to help sort out their emotions and understand that they're not alone. PFLAG (202-638-4200) and the Gay, Lesbian & Straight Education Network (212-727-0135) can refer families to support groups in their area. —C.H.**

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GOOD TO THE LAST DROP.

rest of our family was at church. (He threw up the pills before they could harm him, and we assumed he just had a virus.) I also discovered gay pornography in his room, which confirmed my earlier guesses.

After returning home, Robbie refused to discuss the suicide attempt or the reason he had run away, so we took him to a counselor. I was blunt: "If my son is gay, don't try to make him something he's not." After two sessions, the therapist confirmed the truth.

Our whole family assured Robbie that we loved and supported him, and I told him that any partner of his would be welcome in my home. I had a frank talk with him about safe sex and AIDS, gave him articles to read and offered to take him to a local support group for homosexual teens. But, adamant about staying in the closet, he refused to go to the meetings. Finally, his therapist explained that Robbie was ashamed of being gay and afraid to come out at school, for fear of more harassment. I apologized to Robbie for not understanding his feelings, and his attitude improved.

But not for long. Robbie found ways to sneak online late at night or while I was running errands, using other people's passwords. He called gay phone-sex lines, too. When the huge bills arrived in the mail, we grounded him and made him pay off the debt. He would act remorseful, but he didn't stop, which left us all confused and upset. Only later did we realize that these were the only outlets for Robbie to be openly gay and talk to other gay men without revealing his identity. But I still worried that he might be seduced—or worse—by a sex offender preying on boys online.

Robbie's mood deteriorated still further after eighth grade. He stopped eating and slept a lot. The nurse in me recognized these as warning signs, but the mother in me stayed in denial, not wanting to believe things were that serious. Then, in November, the therapist referred us to a psychiatrist, who told us Robbie was suffering from clinical depression. He prescribed an antidepressant, and we all hoped to see some improvement soon.

It wasn't soon enough. On New Year's morning, 1997, I received a call from the mother of a boy in Robbie's class. She had seen our number on her caller-identification device and wanted to know why my son had called at three A.M. I confronted Robbie, and he reluctantly admitted that he had made a prank call to the boy. (I later found out that Robbie had a crush on his classmate.) Robbie then hid out in his room all day, presumably to avoid me. He and his sisters were spending the night at John's house, so as I left for work, I passed by his room to say I'd see him the next day. From behind the door, Robbie mumbled, "Good-bye." It was the last time I ever heard my son's voice.

On my way to pick up the kids the next day, my car broke down, and I called John to come get me. An hour later, he arrived—in a police car. Thinking our son had

run away again, I said, "Is it Robbie? What did he do?" John told me about the suicide, and I wept.

Robbie had planned his death carefully. That morning, while his father was in the shower, he had swiped the key to the drawer where John kept his FBI handgun, taken the weapon and some bullets and replaced the keychain. Then he quietly went up to the attic and shot himself in the head. No one heard or knew what had happened until Danielle found his body.

I never stopped telling Robbie that I loved him, and I did everything I could to help him accept himself. It hurts so much to know my son died hating himself for being gay, and in some ways, I still blame myself for not doing even more to help him through his personal crisis. For instance, though Robbie had chosen to attend a small private school, I wish I had sent him to a larger public school, where he might not have stood out as distinctly among his peers.

Hundreds of friends, neighbors and classmates attended Robbie's wake and funeral; I think he would have been surprised to see how many people really did care about him. Afterward, I talked to his therapist and closest friends and learned about his crushes on boys and his frustration over not being able to act on his feelings. The harassment he endured at school—boys called him queer and faggot every day—no doubt contributed to his depression, too. Jenine showed me the letters Robbie had written to her, which helped me understand the anguish he had suffered in his short life.

That's why I want to establish diversity-awareness programs beginning in elementary school. I believe that if teachers make it unacceptable for young kids to tease others—about race, weight, disabilities, sexuality or anything that makes them "different"—and continue reinforcing tolerance over the years, then preteens and adolescents would be more accepting of kids like my son.

To advance my cause, I've joined Gay, Lesbian & Straight Education Network (GLSEN), a national organization that believes schools must be safe for gay youth. I'm also active in the local chapter of Parents, Families and Friends of Lesbians and Gays (PFLAG), a national support group. Through the new Robbie Kirkland Project, PFLAG plans to educate school administrators and counselors about the high risk of suicide among gay youth. Last October, I received a local Ohio award for my work in gay youth advocacy.

I wish more homosexual adults would come out publicly, because gay kids need positive role models. I regret that Robbie never heard Ellen DeGeneres's speech after she won an Emmy award last fall for the coming-out episode of her sitcom, *Ellen*. She specifically addressed gay teens, saying, "Don't ever let anybody make you feel ashamed of who you are."

To help us through the painful grieving process, Claudia, Danielle and I see a counselor. And I will continue my mission, speaking loudly and often, until children of all ages and backgrounds no longer have to fear becoming casualties of ignorance and intolerance. ●



newsline report

CNN, The World's News Leader, and Ladies' Home Journal present up-to-the-minute facts and findings about the world today



The "Type D" Personality

STUDIES HAVE LONG shown that having a Type A personality—hostile, ambitious, super-busy—can be bad for your health. Now, scientists have identified a new personality—Type D—that may be even more dangerous.

Type D personalities tend to be negative, insecure and distressed. They're also much more likely to suffer a second heart attack than non-D types, according to a recent study from Belgium. In the study, the rate of a recurrent heart attack for Type D personalities was 52 percent, compared to only 12 percent for non-D types.

Scientists hope that further research on this personality type will help identify at-risk individuals. —Dr. Steve Salvatore, *Your Health*

Quote Of The Month

"We both work so hard because we're the laziest people you ever met. We try to get it over with so we can go back to bed." —James Brolin, talking about himself and fiancée Barbra Streisand, on *Showbiz Today*

Better Bone-Marrow Transplants

A recent advance in bone-marrow transplants could mean new hope for people with leukemia who struggle to find a compatible donor.

Scientists have identified a way to remove the individual marrow cells that cause host versus graft disease (rejection of the donated bone marrow). With these cells removed, patients are better able to tolerate donated marrow, whether or not the donor is a perfect genetic match. Suzanne Ildstad, M.D., director of cellular therapeutics at Allegheny University of the Health Sciences, in Philadelphia, recently used the procedure on twenty-five leukemia patients receiving bone marrow that was not an exact match for their own. Normally, she would have expected a 30 percent success rate. But with the new procedure, all the patients accepted the transplants.

—Elizabeth Cohen, *CNN Medical News*



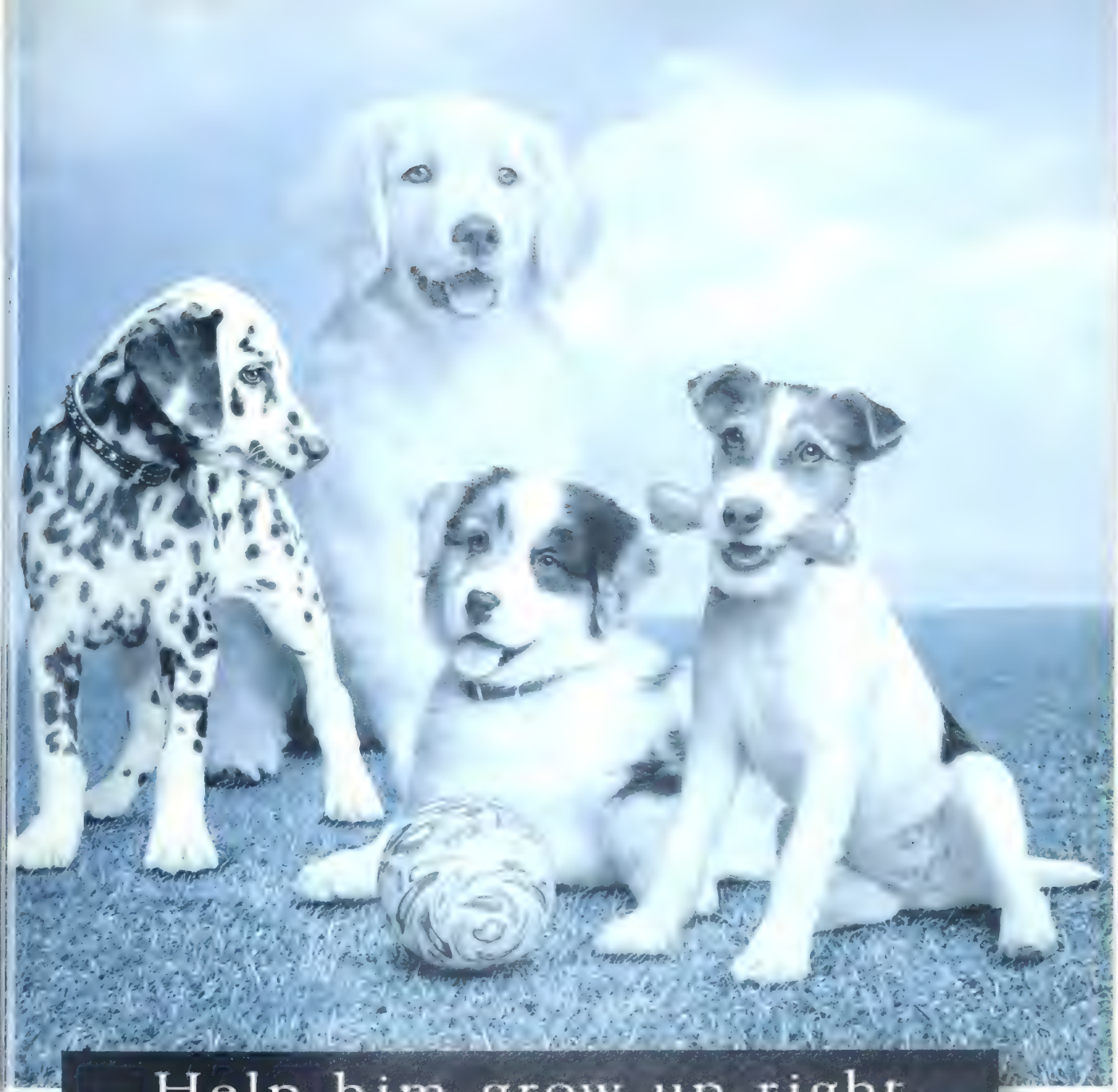
The number of households banking online has nearly doubled in the last year, hitting 4.5 million. But before you open a cyberspace account, it's important to do some research, caution experts.

"Offers from banks differ greatly in terms of features and costs," says Nicole Vanderbilt, director of digital commerce at Jupiter Communications, a new-media research firm in New York City. Some banks offer their services for free, but others charge $5 to $15 per month so you can pay your bills online. Also, you can dial directly into a bank's network with provided software, or hook up via personal-finance software, an online service or the Web, says Vanderbilt. But some banks charge customers who don't use their own dial-up network.

The time it takes for transactions to show up can also vary. With some banks, there may be some lag time if you use personal software. But if you're linked through the Web, transactions show up immediately. —Leena Ajinkya

(Access CNN on the World Wide Web at CNN.com)

Watch CNN's Showbiz Today for the latest from Hollywood to Broadway (Monday to Friday, 5:30 P.M., E.T.) and Your Health for the week's top medical news (Saturday, 7:30 A.M., and Sunday, 3:30 P.M., E.T.)



Help him grow up right.

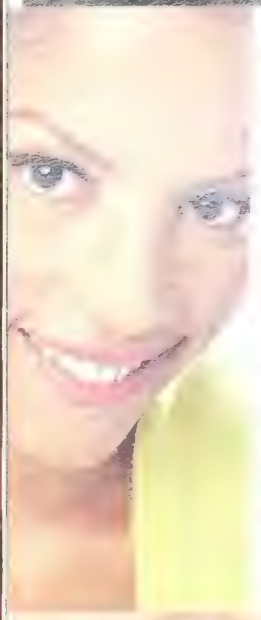
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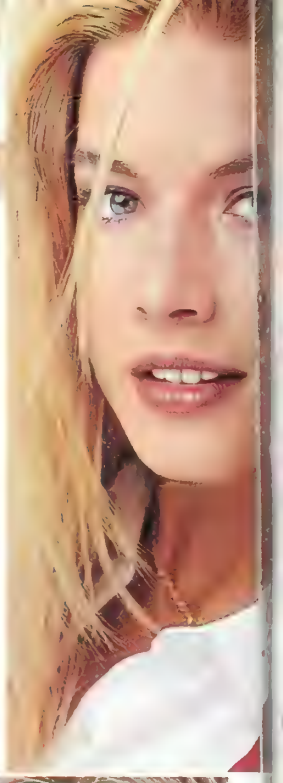
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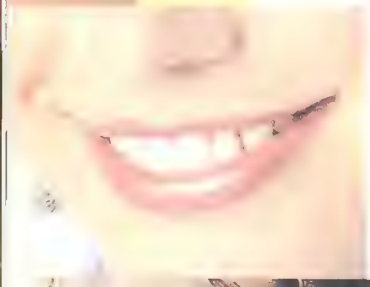






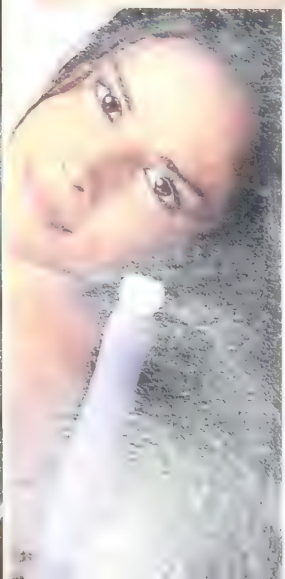


the changing face of american beauty









Pretty used to be pretty predictable. Blond. Blue-eyed. Lean and leggy. Today, it's anything but. Open any magazine, and the faces you see, far from being cookie-cutter versions of one another, look like America in all its varied splendor.

As LHJ celebrates its 115th Anniversary, we also celebrate this great beauty awakening. We teamed up with Ford Models, Inc., an agency that has taken the lead in expanding beauty's definition. "Classic blonds will always be beautiful, of course," says president Katie Ford. "But it's gratifying to finally acknowledge that older faces and ethnic faces turn heads, too." Indeed, the six head-turners on the following pages, Ford models all, are proof that the face of American beauty truly has changed—and much for the better!

by Lois Joy Johnson


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americanbeauty



Veronica

Q Did you always think you were beautiful?

A When I was younger I knew I was cute because I was always "treated pretty," but I never saw many images that said a wider nose or nappy hair was okay. It's easier for women of color to recognize their own beauty today.

Q How important is beauty?

A I think people need it in their lives to feel inspired.

Q What's your signature style?

A Half James Brown, half James Dean. I wear a lot of gray because it's easier to keep clean than black. I also like high-tech fabrics that my dog can run over without ruining.

Q Who do you think is an American Beauty?

A Jada Pinkett Smith and Janeane Garofalo.



color match

"Choosing a foundation that perfectly matches your skin tone is a challenge for darker women," says makeup artist Sam Fine, who did Veronica's makeup. "To find the best one, take three possible foundation colors in your range, apply to your jawline and take a good look in natural light. It's always preferable to choose a shade that's a little on the dark side, instead of too light or ashy." A cream, creampowder or stick formulation gives the most flawless look.

what does American beauty mean to you?

COMPILED BY SUSAN KIRSCHBAUM

[redacted] beauty is a [redacted] different [redacted]

I think it was Willa Cather who said, "Beauty is the spirit triumphant." I like that. *—model Lauren Hutton*

The beauty I love is in people who look real. A beauty that is pure, natural, not glamorized. *—designer Calvin Klein*

American beauty is about confidence. *—model Cindy Crawford*

American beauty in 1998 is compassion for and generosity to others. *—comedian Rosie O'Donnell*



So much about a family is revealed in its faces.



TIMEX



Gabrielle

Gabrielle Von Canal, fifty-two, has been a top model for over thirty-five years.

Q What's your best asset?
A My belief that I can do anything! I'm lucky—I have a youthful attitude and incredible endurance.

Q How do you stay so energetic?
A I exercise a lot. Weights, the StairMaster, some stretching or swimming. And I eat right: lots of fresh fruit and veggies.

Q Has your regimen changed as you've gotten older?
A I have to do more to look as good. I give myself a manicure every third day and condition my hair more often. I also quit smoking and drinking coffee two years ago, which has made a huge difference.

Q Do you have to diet?
A Yes, I'm very choosy about food. I eat fresh vegetables, chicken and fish—except at Christmas, when I go crazy on chocolate and cake.

Q Share your best ageless tip.
A Smile a lot. And develop a positive attitude. Stop concentrating on your looks and focus on how to enjoy yourself.

forever young

We asked dermatologist Linda K. Franks, M.D., how middle-aged women can make their skin as luminous as Gabrielle's. 1. Make a sunscreen with at least SPF 15 part of your daily skin care. Be sure to apply it to your neck and backs of hands as well as your face. 2. Use a daily treatment with alpha- or beta-hydroxy acids, or a combo, for gentle exfoliating benefits. 3. Moisturize more, especially the eye and lip areas. Your skin simply doesn't retain moisture as well as it did when you were twenty. 4. Drink lots of water to keep skin hydrated. 5. See a dermatologist for a yearly skin check and evaluation of your skin-care regimen.



Above, Revlon Age Defying Face Cream, $15. Right, Oil of Olay Protective Renewal Lotion, $8.99

what does American beauty mean to you?

Energy. Vitality. Passion. They are still what really light up a room. —*newswoman Diane Sawyer*

As I approach thirty, I realize beauty and age go hand in hand. Wisdom and experience make you beautiful. —*actress Halle Berry*

In 1998, American beauty is dressed-down glamour. It's RuPaul, but in sensible shoes. —*comedian Joan Rivers*

American beauty is simple, fresh, classic. It's about being pretty, not trendy. —*makeup artist Bobbi Brown*

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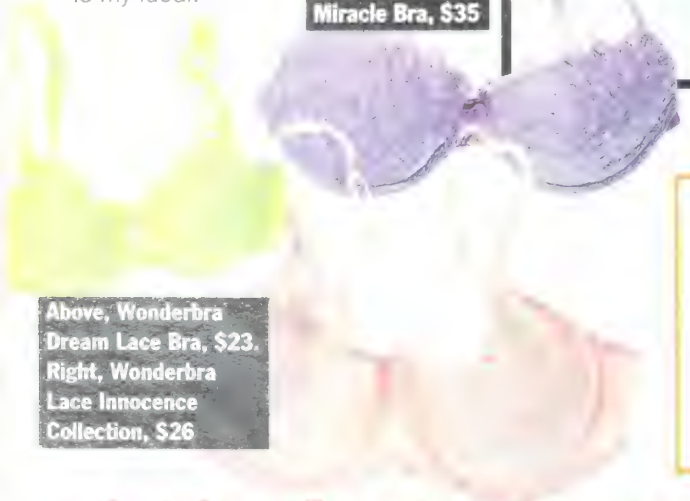
Emme

Q Describe yourself.
A I'm a statuesque broad! I have a mesomorph body type, which means I'm naturally muscular. No diet in the world could transform me into a super-thin ectomorph.

Q So, how did you get to be a top model?
A It sounds too easy, but I'd heard Ford was opening a plus-size model division, so I walked in and they said, "You're perfect!"

Q Any lessons to share?
A Don't let other people's judgments wreak havoc on your body image. Don't put the emphasis on pounds or size. Think of your body in terms of its health.

Q Who do you think is an American Beauty?
A As a teen, I admired Christie Brinkley, but now Lauren Hutton is my ideal.



Victoria's Secret Miracle Bra, $35

Above, Wonderbra Dream Lace Bra, $23. Right, Wonderbra Lace Innocence Collection, $26

asset rich

Whether she's wearing a plunging V-neck or a buttoned-up sweater, Emme likes to wear a push-up bra to augment her already curvaceous silhouette. "I enjoy wearing stylish clothes that show off my best assets," explains the model, who rejects the idea that heavier women shouldn't wear fashions like camisoles or bodysuits under sheer blouses. "Every woman looks better when she pays attention to trends. If you're always waiting till you're thinner to buy something new, you may wait forever."

what does American beauty mean to you?

American beauty is a wide-open smile. —*designer Todd Oldham*

American beauty is to be yourself: to wear blue jeans, just be really natural. —*model Bridget Hall*

There's still a lot of pressure to be thin and fulfill a certain model stereotype, but I see a lot of fresher faces with less makeup. —*actress Amy Pietz*

American beauty is the ability to evolve, without artifice, from youth to maturity, from out-of-shape to in-shape. —*actress Sharon Lawrence*

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american beauty



Irina Pantaeva, twenty-four, is from Ulan-Ude in Siberia, Russia, and is married to a Latvian photographer she met in Moscow. They now live in New York City.

Q How does a small-town Siberian girl get to be a top model?

A Unexpectedly, I got the chance to go to Paris in 1993. I went to modeling agencies, but everyone thought I looked too exotic. Finally, Karl Lagerfeld discovered me in 1994.

Q So, you were in the right place at the right time?

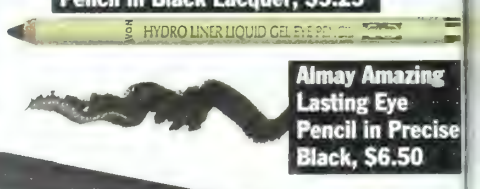
A Yes. All of a sudden, there were no limits anymore. Nowadays each person can interpret beauty regardless of body size, race or age.

Q What do you like best about your looks?

A I love that I'm almost five feet eleven inches tall. And I love the freckles across the bridge of my nose.

Q Who do you think is an American Beauty?

A Meryl Streep.



exotic eyes

To accent the shape of your eyes, follow these tips from makeup pro Sandy Linter, who did Irina's makeup: Holding the top lid taut, sketch in a thin line near the base of the lashes. Work from inner to outer corner using tiny back-and-forth strokes—not one continual line—and always stop at the end of your eye. Blend gently with a slant-tipped eye brush. If line gets too thick or blurry, taper with a moistened cotton swab.



what does American beauty mean to you?

brilliant, a listener, a

American beauty? From a strictly physical point of view, it's too much trouble. —*singer Carly Simon*

When a woman has a sense of herself and knows who she is, she is truly beautiful. —*actress Courtney*

Beauty is about individuality. There's nothing more attractive than a woman who values her uniqueness, who doesn't want to blend into a crowd. —*designer Donna Karan*

Before, there were the blonds, the brunets, one or two black girls. Today that formula has been broken—to America's credit. —*model Cheryl Tiegs*


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ur clothes. To help keep them looking



Basia

Q How were you discovered?
A I was approached by a casting scout and landed my first job in Paris.

Q What's your definition of beauty?
A Beauty is about character. Someone who is only physically beautiful is not really beautiful in my eyes.

Q Is there one beauty tip you would like to pass on?
A Don't copy anyone else. Don't try to look like Julia Roberts, for example. Be realistic about your looks and play up the things that make *you* distinctive.

Q Describe your beauty routine.
A I don't have much time to spend on my looks. I wear lip gloss and clear polish. That's about it.

Q Do you ever diet?
A I eat everything but in small meals. And I never snack.



Clairol Daily Defense Shampoo, $3.49

John Frieda Ready to Wear Shaping + Glossing Balm, $4.99

Freeman Real Shiny Hair Spritzer, $3.49

healthy hair

Basia's thick blond hair wins her many compliments—as well as lots of modeling assignments for hair-product advertisements. To get shinier, healthier hair, too, you need to start a monthly deep-conditioning program and get a great haircut that has some movement, says New York hair pro Stephen Knoll. Look for moisturizing shampoos and treatments with proteins and vitamins that leave no residue. And switch to styling products that have a lightweight texture, help reduce frizziness and add shine.

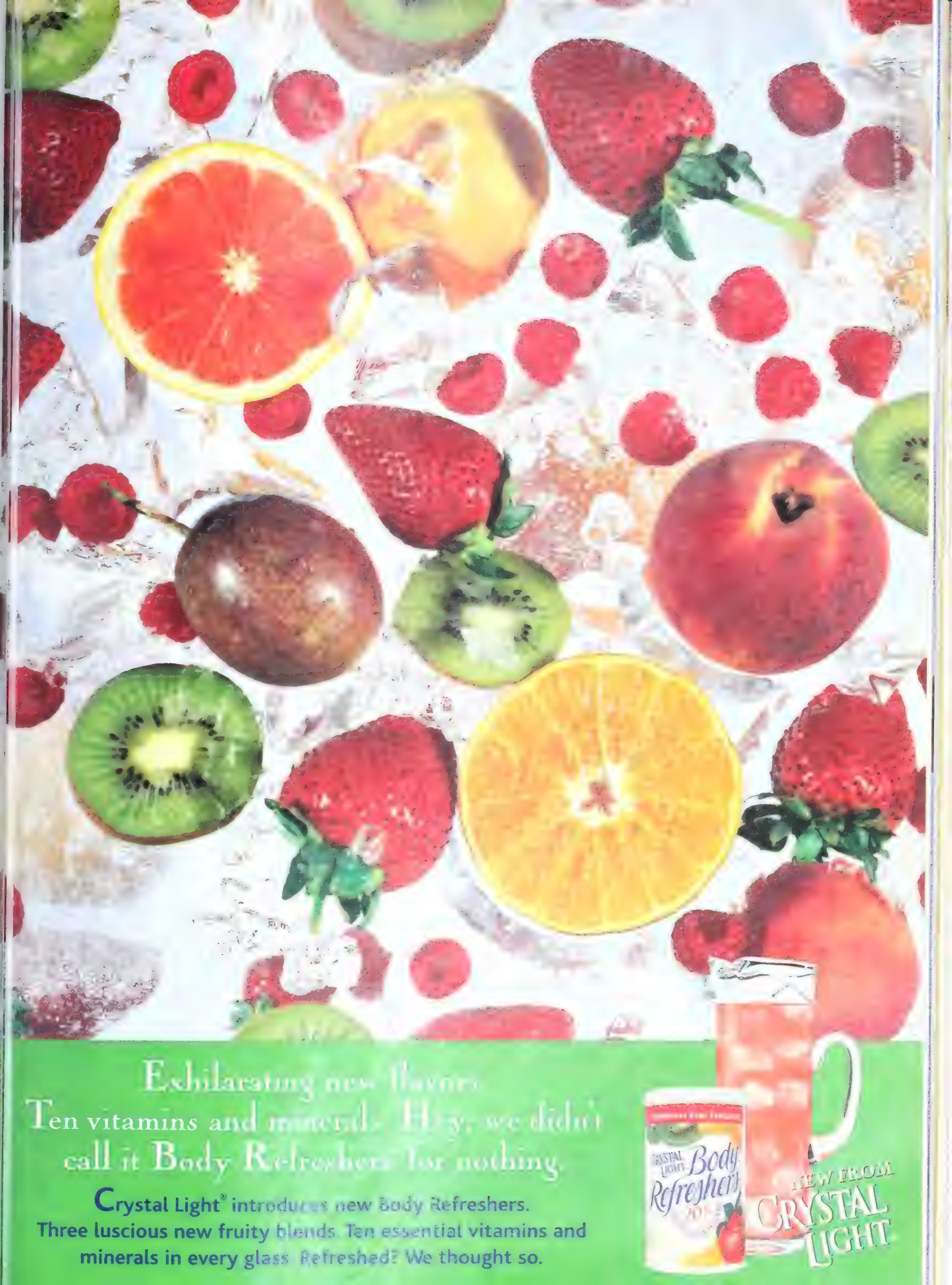
what does American beauty mean to you?

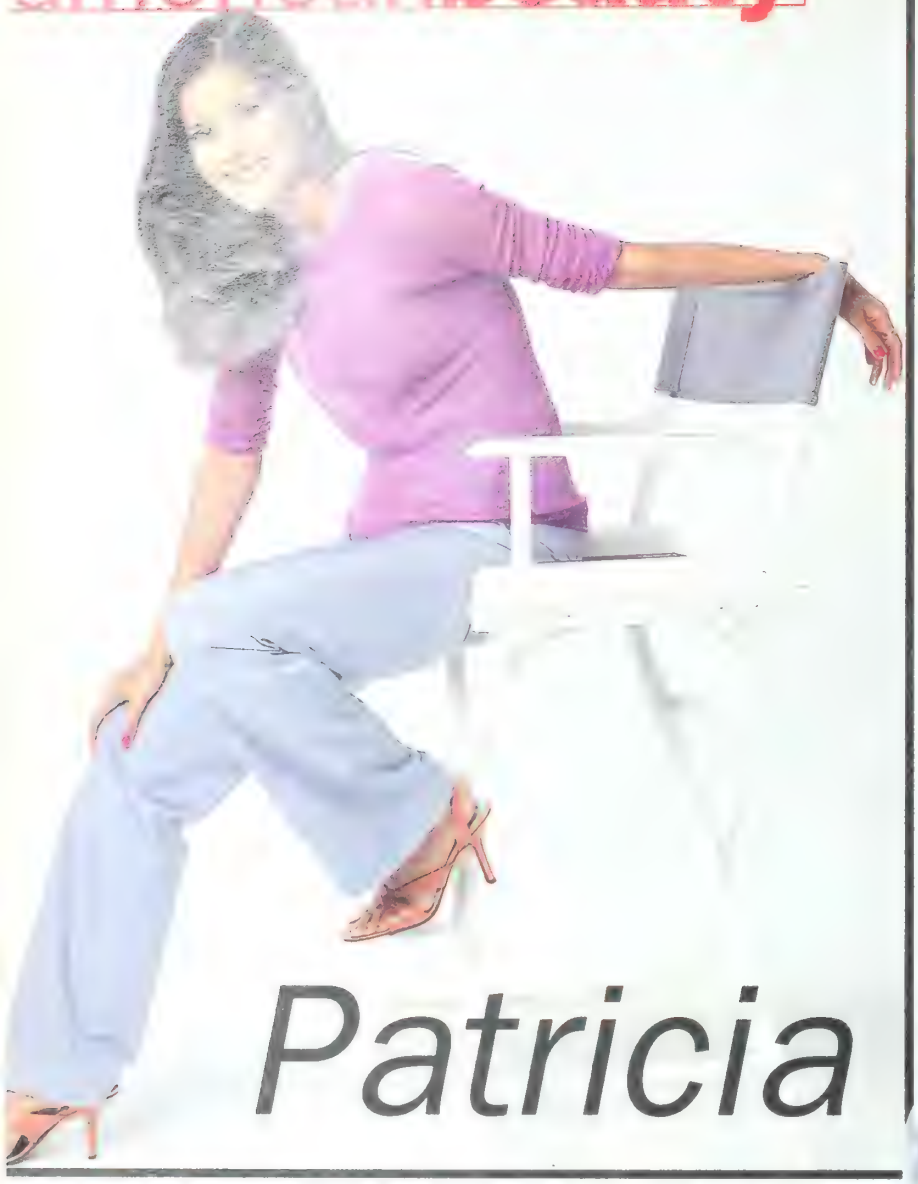
American beauty is unique in that it's both simple and magnificent. *—developer Donald Trump*

It's the self-confident smile of a woman enjoying good health. She's ageless, of course! *—actress Mary Tyler Moore*

American beauty is a woman who is not only strong physically, but also mentally, and extremely confident. *—Olympic gold medal swimmer Amy Van Dyken*

When a woman has intelligence, confidence, humor, compassion and boundless love, she shines from within. *—model Christie Brinkley*


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Patricia

In 1994, Cover Girl signed Patricia Velasquez to a lucrative cosmetics contract. Now twenty-six, Patricia is also an actress and will appear in four films this year.

Q How are attitudes about beauty changing?

A There was a time when most Hispanic women wanted to be blond, but that's not so true anymore. There's a real sense of Spanish culture and beauty that's visible all across America right now, with high-profile role models like Salma Hayek and Gloria Estefan.

Q What have you learned to accept about your own looks?

A Hispanic women have hips; most models don't. You have to accept what you can't change and learn to play up your assets.

Q Your best beauty tip?

A Wear more color! It makes you feel happy, even in small doses, like on your nails. This neutral thing has gone too far.

a perfect mismatch

Do as Patricia does and forget the old rules about matching lip and nail color or fingertips to toes. What's new is mismatching—wearing a pale nude color on your mouth with deep red nails, or black cherry on your toes and icy violet on your fingers. Go crazy, but be sure to keep the colors complementary—all should share a similar undertone, whether warm or cool, so the look is not jarring. Don't hesitate to wear two brights simultaneously: A neon pink on your toes along with tangerine nails could be summer's fastest style statement.



L'Oréal Nail Enamel in Punch, $4.25

Left, Revlon Nail Enamel in Ultraviolet, $4.30. Right, Revlon Top Speed in Girly, $4.75

Left, Naturistics Super Shine in Pretty Impatiens, $1.90. Right, Chanel Nail Colour in Jubilee, $15.50

what does American beauty mean to you?

Cindy Crawford is the epitome of American beauty—her smile, spirit and disposition are the envy of all. *—designer Nicole Miller*

American beauty is healthy beauty, body and mind. *—actress Teri Hatcher*

Even in 1998, Jackie O remains the beauty standard. From her hair to her hats, her gowns to her work clothes, it all seemed so effortless. *— TV host Leeza Gibbons*

What is beauty is no longer dictated by society. The definitions have become as varied and versatile as we ourselves are. *—actress Priscilla Presley*

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Am I Sick Or Am I Tired?



Exhausted all the time? It may not be your hectic pace; it may be the first sign of a serious illness.

By Ronny G. Frishman

Pat Conrad Bradley was in her early forties when her energy started to fizzle. At first, she chalked it up to her harried life as a mom, community volunteer and helping tend the family's pleasure boat—a major hobby for the Boca Raton, Florida, Bradleys. But when the former flight attendant could barely get up in the morning, she suspected depression, brought on by problems with her teenage son. She consulted a physician, who prescribed an antidepressant.

But the medication didn't help, nor did exercise or an improved diet. Pat blamed herself: "I saw other women—who had careers and were much busier than I was—who were fine. I thought I was lazy and just couldn't cope. I was embarrassed."

By the time she was forty-five, Pat was so exhausted that she couldn't make it through a shower without lying down on the floor. Her knuckles were so sore and misshapen that she needed her husband's help to pull on panty hose.

Then she saw a newspaper column about hemochromatosis, a potentially fatal genetic disorder that causes a toxic buildup of iron in the blood and often starts with fatigue and arthritis. Pat told her internist, who dismissed the disease. Fortunately, the doctor reconsidered when a worn-out Pat broke down in tears one day: A liver biopsy confirmed that she had hemochromatosis. As soon as she started therapy—weekly blood withdrawals to lower iron counts—the symptoms disappeared.

Carla Thompson*, a forty-six-year-old college English professor in upstate New York, knew instantly that something was wrong last winter when widespread pain and debilitating fatigue made her daily routine a struggle. "Any parent who works is exhausted, but this was very different," says Carla, the mother of two daughters, ages thirteen and nine.

She sought medical care immediately, but blood tests, brain scans and an MRI showed nothing abnormal. Meanwhile, Carla's symptoms worsened: "I had no physical or mental energy at all." She turned the household over to her husband, halted work on her latest book and took a leave from teaching.

After several different doctors' appointments, a rheumatologist finally diagnosed Carla with fibromyalgia, a syndrome characterized by chronic muscular pain and fatigue. She began a regimen of medication, mild exercise and massage, and by fall was slowly regaining her strength.

While the underlying problem for these two women differed, the common denominator was tiredness. Fatigue affects more than a quarter of all Americans—making *(continued)*

*Name has been changed.

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In fact, in tests conducted by allergists, drowsiness in people who took Allegra was similar to placebo (sugar pill), 1.3% vs 0.9%. The most commonly reported adverse experiences for Allegra and placebo are cold or flu (2.5% vs 1.5%), nausea (1.6% vs 1.5%), and menstrual pain (1.5% vs 0.3%).

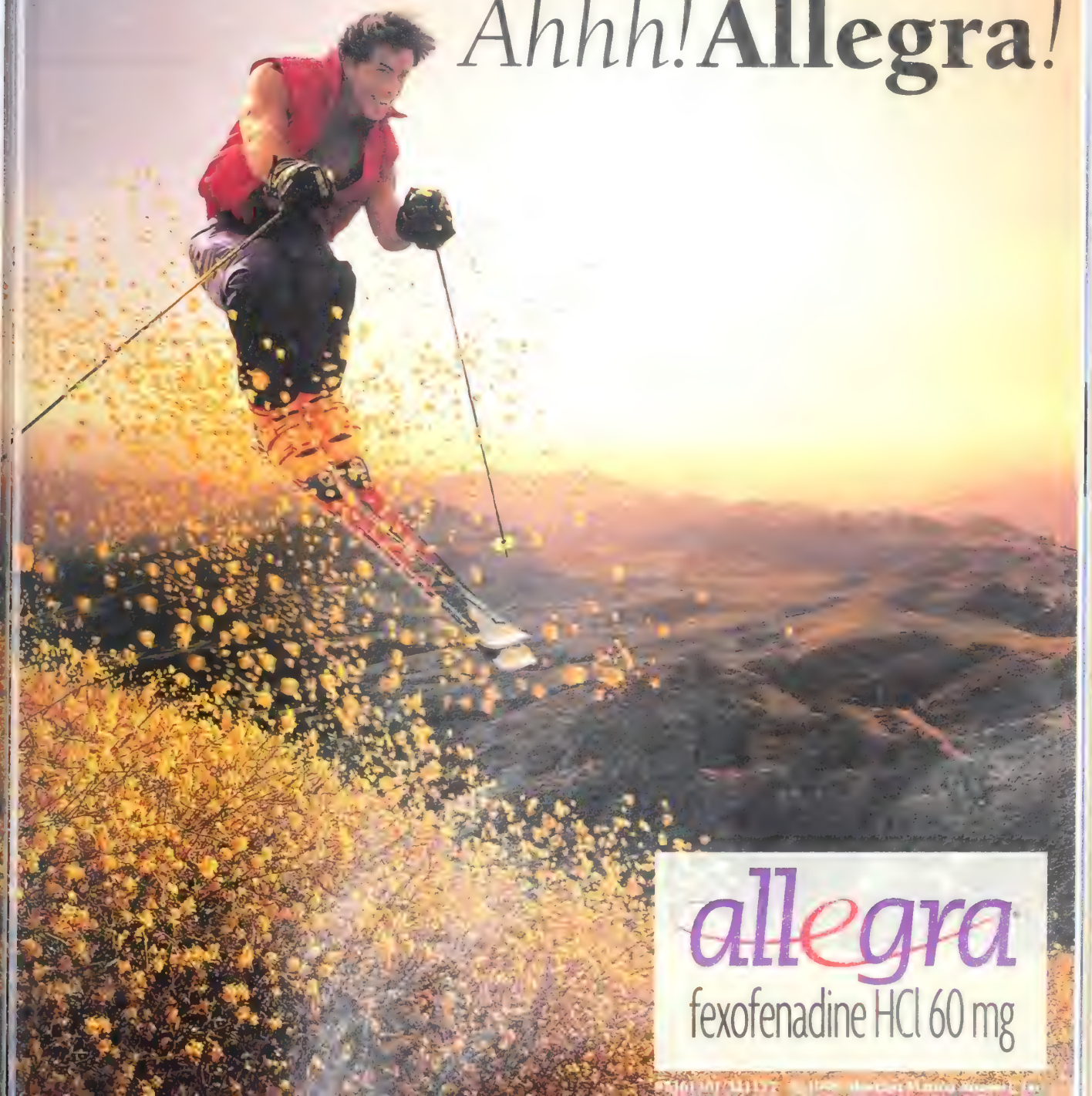
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were administered fexofenadine hydrochloride alone or in combination

AUC

in Normal Volunteers (n=24)

Drug

The mechanisms of these interactions are unknown, and the potential for interaction with other azole antifungal or macrolide agents has not been studied. These changes in plasma levels were within the range of plasma levels achieved in adequate and well-controlled clinical trials. Fexofenadine had no effect on the pharmacokinetics of erythromycin or ketoconazole.

Carcinogenesis, Mutagenesis, Impairment of Fertility
The carcinogenic potential and reproductive toxicity of fexofenadine

fexofenadine exposure (based on plasma area-under-the-curve [AUC] values). No evidence of carcinogenicity was observed when mice and rats

24 months, respectively, these doses resulted in plasma AUC values of fexofenadine that were up to four times the human therapeutic value (based on a 60-mg twice-daily fexofenadine hydrochloride dose).
In in-vitro (Bacterial Reverse Mutation, CHO HGPRT Forward Mutation, and Rat Lymphocyte Chromosomal Aberration assays) and in-vivo (Mouse Bone Marrow Micronucleus assay) tests, fexofenadine hydrochloride revealed no evidence of mutagenicity.
In rat fertility studies, dose-related reductions in implants and increases in postimplantation losses were observed at oral doses equal to or greater than 150 mg/kg of terfenadine; these doses produced plasma AUC values of fexofenadine that were equal to or greater than three times the human therapeutic value (based on a 60-mg twice-daily fexofenadine hydrochlo-

Pregnancy
Teratogenic Effects: Category C. There was no evidence of teratogenicity in rats or rabbits at oral terfenadine doses up to 300 mg/kg; these doses produced fexofenadine plasma AUC values that were up to 4 and 37 times the human therapeutic value (based on a 60-mg twice-daily fexofenadine hydrochloride dose), respectively.
There are no adequate and well-controlled studies in pregnant women. Fexofenadine hydrochloride should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.
Nonteratogenic Effects. Dose-related decreases in pup weight gain and survival were observed in rats exposed to oral doses equal to and greater than 150 mg/kg of terfenadine; at these doses the plasma AUC values of fexofenadine were equal to or greater than 3 times the human therapeutic values (based on a 60-mg twice-daily fexofenadine hydrochloride dose).

Nursing Mothers
There are no adequate and well-controlled studies in women during lactation. Because many drugs are excreted in human milk, caution should be exercised when fexofenadine hydrochloride is administered to a nursing woman.

Pediatric Use
Safety and effectiveness of ALLEGRA™ in pediatric patients under the age of 12 years have not been established. Across well-controlled clinical trials in patients with seasonal allergic rhinitis, a total of 205 patients between the ages of 12 to 16 years received doses ranging from 20 mg to 240 mg twice daily for up to two weeks. Adverse events were similar in this group compared to patients above the age of 16 years.

Geriatric Use
In placebo-controlled trials, 42 patients age 60 to 68 years, received doses of 20 mg to 240 mg of fexofenadine twice daily for up to two weeks. Adverse events were similar in this group to patients under age 60 years.

ADVERSE REACTIONS
In placebo-controlled clinical trials, which included 2461 patients receiving fexofenadine hydrochloride at doses of 20 mg to 240 mg twice daily, adverse events were similar in fexofenadine hydrochloride and placebo-treated patients. The incidence of adverse events, including drowsiness, was not dose related and was similar across subgroups defined by age, gender, and race. The percent of patients who withdrew prematurely because of adverse events was 2.2% with fexofenadine hydrochloride vs 3.3% with placebo. All adverse events that were reported by greater than 1% of patients who received the recommended daily dose of fexofenadine hydrochloride (60 mg twice-daily) and that were more common with fex-

Adverse Experiences Reported in Placebo-Controlled Seasonal Allergic Rhinitis Clinical Trials at Rates of Greater Than 1%

	Fexofenadine 60 mg	Placebo
Viral Infection (cold, flu)		
Nausea		
Dysmenorrhea		
Drowsiness		
Dyspepsia		
Fatigue		

Adverse events occurring in greater than 1% of fexofenadine hydrochloride treated patients (60 mg twice daily), but that were more common in the placebo-treated group, include headache and throat irritation.
The frequency and magnitude of laboratory abnormalities were similar in fexofenadine hydrochloride and placebo treated patients.

US Patents 4,254,129; 5,375,033; 5,578,610

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AM I SICK OR AM I TIRED?

it so prevalent it is often dismissed as normal. But in fact, fatigue can signal numerous illnesses, from colds to cancer. It is among the most frequent reasons for visiting the doctor and women are one and a half times as likely to be affected as men.

Of course, feeling tired doesn't necessarily mean you're sick—everyone gets run-down occasionally. It's unavoidable when deadlines at work create stress or you're up all night with a feverish child. With adequate rest, most healthy people bounce back fairly quickly. And women are often reluctant to seek medical care for fatigue out of embarrassment that they can't carry their loads or fear of being called hypochondriacs.

But fatigue warrants concern, medical experts say, if it comes on suddenly with no obvious cause, or if it persists even after you've gotten a few hours of extra sleep or taken a vacation. Recognizing the difference between ordinary and extraordinary fatigue can be key to catching health problems early.

"When fatigue is interfering with activities, that's usually the signal that it's worth checking with your doctor," advises Karen Freund, M.D., chief of women's health at Boston University Medical Group and the often-exhausted mother of infant twin daughters and a six-year-old son. If lack of energy is due to more than simple inactivity, stress or poor sleep habits, it could be caused by a medical condition for which there's a test and treatment. Here, the most common culprits:

■ **Hemochromatosis** Medical schools used to teach that this "iron overload" disorder is rare, but we now know it's actually the most common hereditary disease in the United States, according to Pradyumna Phatak, M.D., chief of hematology at Rochester General Hospital, in New York. One of every two hundred people inherits the two abnormal genes that cause hemochromatosis; 10 percent of unaffected people are carriers. The defect causes the gastrointestinal tract to absorb too much iron, which accumulates over the years and leads to serious health problems, such as heart and liver failure or liver cancer.

Once thought to be a "male" disease, it is as big a threat to postmenopausal women. Younger women are less likely to get it because blood lost through menstruation protects against iron buildup. (Pat Conrad Bradley lost that safeguard when she had a hysterectomy at thirty-four.)

Iron levels are evaluated with a simple, inexpensive blood test that looks at transferrin saturation, a measure of iron and iron-binding protein levels. If the reading is higher than 60 percent, a doctor will repeat the test (to rule out a food-related high reading) or do a liver biopsy. The disorder is treated by phlebotomy, removing blood by inserting a needle in the arm just as for blood donations. The College of American Pathologists has drafted guidelines recommending that primary-care doctors screen for hemochromatosis at age twenty (younger if it's in the patient's family) because it is frequently missed until it has advanced. Damage to the heart, liver and other organs is permanent, but further damage can be prevented.

■ **Fibromyalgia** Three to six million people in the U.S. have this condition, and most of them are women of childbearing age. The main symptom is aches and pains, usually felt all over the body. Sufferers often wake up tired, leading experts to believe that sleep patterns—primarily deep sleep—get disrupted, too.

No test exists for fibromyalgia, so diagnosis is based on taking a thorough medical history and identifying pain at certain points near the hips and in the neck, back, shoulders, buttocks and chest. A person is assumed to have fibromyalgia if exerting pressure elicits pain at eleven or more "tender points."

Pain medications such as aspirin don't seem to help the pain of fibromyalgia. But benefits have been reported from *(continued)*

I smell the cedar and suddenly I'm seven years old, dressed up in my grandma's wedding gown. I remember going through her cedar chest, playing with her dolls and poring over pictures of when my mom was a baby. And I think about having a granddaughter one day who will look through my cedar chest and have a memory like this of me.



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everything.
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Jeannette's
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first steps in. And
lots of other
things she'll
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she grows up.





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Sue's *Country*
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Chest Wool socks.
wool blankets.
wool sweaters
wool hats—I live
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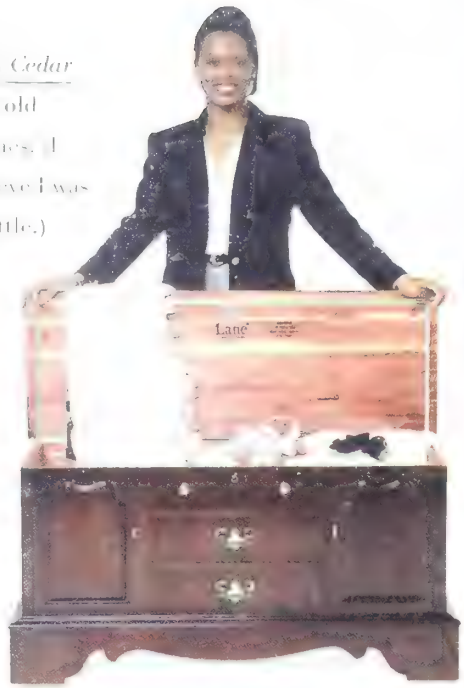
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Vicki's *Berryville Cedar Chest* Nothing yet. I just got it because it looks great in my new bedroom.



Shara's *Chatsworth Cedar Chest* My old baby clothes. I can't believe I was once so little.)





Mickey's *Hyatte Cedar Chest* Two hundred lbs. from my [illegible] school backpack which no one really ever see



Muldrell's *Brentwood II Cedar Chest* Three generations of my family's [illegible]

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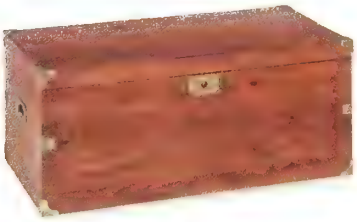
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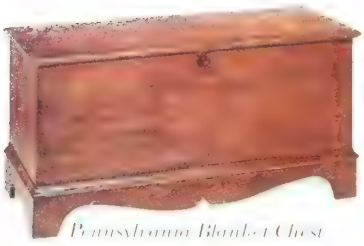
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as a physical exam and standard lab tests to rule out other conditions. Antidepressant drugs and psychotherapy can be extremely effective.

■ **Anemia** Anemia is an abnormally low red blood cell count usually signaled by fatigue, pallor and reduced tolerance for exercise. The main cause is iron deficiency, a particular concern for women in their childbearing years because of iron lost in menstrual blood. More than three million American women have iron-deficiency anemia, according to a recent study. Even though periods stop, pregnancy also poses a risk because it puts greater demand on the body's iron stores.

A complete blood analysis is the standard diagnostic test: When a woman's hematocrit (percentage of red oxygen-carrying cells in a volume of blood) measures below 36 percent, she is considered anemic. The treatment: daily iron supplements. Taking iron without a diagnosis is dangerous because of the risk of hemochromatosis.

■ **Diabetes** About eight million Americans are walking around with undiagnosed diabetes, probably because they don't recognize the early symptoms: fatigue, excessive thirst and frequent urination. Diabetes is the leading cause of blindness in the U.S. and sometimes leads to amputations, but the disease can often be managed (and such complications avoided) once it is diagnosed. Diabetes also increases the risk of heart and kidney disease and other illnesses. Once diagnosed, diabetics can be more vigilant for symptoms of these conditions. *(continued)*

AM I SICK OR AM I TIRED?

Continued

ntidepressants (which improve sleep), and also from egular exercise, even though mustering the energy to vork out can be tough.

■ **Depression** Pat Conrad Bradley wasn't wrong to think she might be fatigued because of depression. Two thirds of the seventeen million Americans with clinical depression are women, and this disease cloaks sufferers in sadness, leaving them listless, apathetic and irritable. It can impair concentration, memory and appetite, and often stirs up physical ailments, such as headaches, digestive problems and pain.

Though severe depression can spawn thoughts of suicide, some women are so busy trying to get through the day they aren't even aware that they're depressed, Freund notes. For them, depression may manifest itself as just a sleep disturbance or decreased energy.

People are more prone to depression after a crisis or loss—a divorce, job layoff or the death of a loved one. In such situations, sadness is normal, but when it persists and interferes with daily life, intervention is appropriate. The illness tends to run in families, and the risk increases for those who also have eating disorders, addictions or unresolved anger or grief.

A diagnosis requires careful consideration of a woman's medical history, mood and life circumstances, as well



Continued

Diabetes is most common in people who are overweight or have a family history of the disease. Type I (or "juvenile") diabetes usually develops in younger people, and generally requires daily insulin injections. Type II (or "adult onset") diabetes accounts for more than 90 percent of cases and usually develops during middle age. Diet and exercise may be sufficient for managing Type II, but sometimes oral medication or insulin also is needed. Pregnant women can develop gestational diabetes, which puts them at higher risk of developing Type II later.

Diabetes can be detected with a fasting blood-sugar test—a simple blood test taken after a twelve-hour fast. Everyone over age forty-five should be screened for diabetes once every three years (unless a risk factor suggests earlier testing).

■ **Lyme disease** Most cases of Lyme disease have been reported in the Northeast, upper Midwest and northern California, but this illness is spreading and it's often mistaken for other maladies. Lyme disease is caused by the bite of an infected deer tick, often carried on mice. People who walk through wooded or grassy areas populated by deer and mice are at greatest risk.

Lyme disease is tricky to diagnose because its early signs are easy to overlook. The hallmark is a circular rash around the bite; however, some people do not get the rash or remember being bitten by a pinhead-size tick. Fatigue, fever and other symptoms often follow and linger, but are frequently dismissed as a flu. If Lyme progresses, arthritis and cardiac and neurologic problems may arise weeks or months later.

Aside from a physical exam and detailed medical history, a doctor will order blood tests, hoping to find evidence of antibodies specific to the Lyme tick bacteria. But some people with the disease do not have the antibodies, so a negative test is not a clean bill of health. People with Lyme disease usually recover with targeted antibiotic treatment.



Thyroid Test

You can easily check for a goiter by tipping your head back and looking at your neck in a mirror as you swallow a glassful of water—watch for bulges just below the Adam's apple. Go to the doctor for a TSH blood test if you suspect a thyroid problem.

■ **Hypothyroidism** The thyroid, a gland located just above the collarbone and below the Adam's apple, produces a hormone named thyroxine, which controls metabolic rate, including heart rate, blood pressure and body temperature. "Hypo" means "below normal," and hypothyroidism is when the thyroid gland fails to produce enough thyroxine, slowing down metabolism. The result is a growing lethargy, weight gain, sensitivity to cold and muscle weakness. Women are four times more susceptible to hypothyroidism than men. Up to 8 percent of new mothers will have a temporary thyroid inflammation, with one quarter of those developing a permanent condition.

Sometimes, people with hypothyroidism develop a goiter, or mass on the neck, as the gland enlarges to try to produce more thyroxine (see box, above). Thyroid function can be evaluated with a blood test that checks for thyroid stimulating hormone (TSH), the hormone that is produced to tell the thyroid to pump out thyroxine. High levels of TSH indicate low levels of thyroxine and therefore hypothyroidism, which is then treated with thyroid hormone replacement—a small pill taken daily for life. Because thyroxine contains iodine, an iodine deficiency can trigger hypothyroidism, but iodine added to salt has made this uncommon in the U.S.

■ **Sleep disorders** Insomnia is an obvious fatigue-producer, but in some cases, subtler sleep disorders may be to blame. One such condition is sleep apnea, brief interruptions in breathing during sleep that cause fatigue because the sufferer awakens slightly to recover breathing. Apnea is associated with aging, being overweight or having a misshapen throat. It generally occurs when throat muscles sag, obstructing airflow to the lungs. Most people don't know they have it, and besides daytime drowsiness, snoring is probably the only sign. Diagnosis is achieved through a sleep study; the condition may be relieved with mechanical devices, dental inserts, surgery or weight loss.

Another common cause of fatigue in women is disturbed sleep caused by the hot flashes of perimenopause. Hot flashes occur more frequently at night. In this case, discuss hormone replacement therapy and alternative treatments with your doctor.

■ **Autoimmune diseases** Fatigue also may announce certain autoimmune diseases, such as rheumatoid arthritis, multiple sclerosis and lupus erythematosus. Autoimmune diseases occur when the immune system goes awry and attacks healthy parts of the body. In rheumatoid arthritis, the target is the joints. In multiple sclerosis, the target is the nerve cells. Autoimmune diseases are so varied (and some are so rare) that they are often misdiagnosed. But doctors do know that women are more susceptible. Some of the diseases have specific tests, so if you suspect one, ask your doctor—especially if all other causes of fatigue have been ruled out.

■ **Chronic fatigue syndrome** Despite extensive evaluations, some people are left with unexplained fatigue, *(continued on page 198)*



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WHEN HE'S GOT DOCTOR-ITIS

Your husband never hesitates to take the car in for a tune-up. So why does he always put off his regular medical checkups? According to Ken Goldberg, M.D., founder of the Male Health Institute, in Irving, Texas, and author of *When the Man You Love Won't Take Care of His Health* (due out from Golden Books this winter), he probably suffers from "bulletproof syndrome"—an attitude, shared by most men, that nothing bad will ever happen to them. When men do get sick, Goldberg says, they tend to underestimate the severity of the problem and to see any associated pain as temporary or minor. To compound matters, they're less likely to make healthy lifestyle changes.

What's a worried wife to do? Try the buddy system, Goldberg suggests. Schedule your doctor appointments on the same day so you're each responsible for reminding the other to attend. Also, explain to him that his health really matters to you, and that he'll set a better example for the kids if he takes care of himself. Last, show him that good health can be fun. After all, you can always perform those necessary self-exams on each other!

—Aimee Kendall

THE GIFT OF GIFTS

After years of springing for jewelry or perfume, why not give your mom what she really wants this Mother's Day? In a survey by LCI International, 57 percent of the moms said their ideal present would be a visit, and a little R&R.

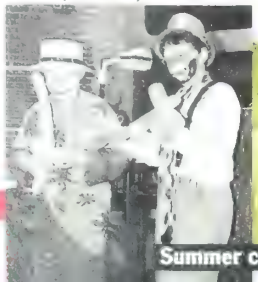
Free To Be...Anniversary

Teaching kids tolerance isn't easy, but help has returned with the anniversary edition of *Free to Be . . . You and Me*, Marlo Thomas's award-winning compilation of stories, poems, vignettes and songs that first came out twenty-five years ago. Both the original and its sequel—*Free to Be . . . A Family*—broach tough issues like sexism, ageism and racism and challenge traditional notions of the nuclear family in an unapologetic and approachable way. The commemorative double set, available now, includes all the works from the original contributors—like Shel Silverstein, Judy Blume, Whoopi Goldberg, Carly Simon and Kermit the Frog—plus a new foreword by Letty Cottin Pogrebin and sheet music to accompany the lyrics. —Carly Ott

Summer Fun for Every Kind of Kid

With over ten thousand summer camps to choose from—including hundreds that cater to children with specialized interests—even picky kids are sure to find their niche. War buffs can reenact history at the Minnesota-based Fort Union–Civil War Camp (ages 11 to 16, $350; call 507-625-8011). At Utah's Camp Shakespeare (ages 15 and up, $750; call 805-664-2121), bookworms can spend an intensive week studying the Bard. Kids [illegible] dreamed of running away with the circus will enjoy Wright State University's Clown Camp and Institute (grades 7 to 12, $450 to $500; call 937-775-3135). And your little Mario Andretti will fit right in at Race Camp (ages 10 to 17, $795; call 888-722-4697) at the Atlanta Motor Speedway. You can burn a little rubber yourself during the adult weekend program for $695. To find a camp that suits your child, call *Camp Management* magazine, 888-824-5804.

—Deborah J. Baer





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How I Scrimp, How I Splurge

One woman's justifiable expense is another's guilty indulgence

By Maura Sheehy

I used to spend $30 to $50 a week on lunch. Now it's down to about $10 because I'll freeze several 69-cent Taco Bell burritos and bring them to work with me. And when the catalogs come, they go straight to the recycling pile. Otherwise, I see those pretty sheets in the Garnet Hill catalog and think I *have* to have them. Then, to offset all that saving, I do Pilates, this ridiculously expensive exercise class.

—*Elizabeth Larson, 34, Minneapolis, Minnesota; online producer*

My money habits don't always make sense. I'll buy discount toilet paper at Costco and then blow more than what I've saved on roses, champagne and candles. I have a real addiction to those niceties. We are very frugal about electricity and try to order carefully at a restaurant, but then we'll get an expensive wine. Personally, I'd rather have just a bowl of soup and a really nice merlot.

—*Lisa Vierling, 41, Sun Valley, Idaho; married, travel agent*

At the supermarket—my husband just hates this—I buy the generic spaghetti sauce or really low-end salsa and save maybe a buck. Yet I'll spend any amount of money on a good haircut—I'd even pay $150—because my hair is impossible. There's no real rhyme or reason to my scrimping and splurging; it's just a random pattern of guilt.

—*Rachel Trubowitz, 40, Eliot, Maine, married; professor*

I have a horrible confession: I have not flown coach since 1988. I never cash in my frequent-flyer points for tickets; I just upgrade. To accrue more miles, I charge *everything* on my credit card, including my entire pregnancy, not to mention all my groceries. I've also splurged by hiring a tutor for my nine-year-old daughter because the California schools teach recycling and self-esteem but don't bother much with handwriting. And I happily pay $25 for her violin lessons. But I only go to matinees. I refuse to spend $8.50 at night when I can see the same movie earlier in the day for $4.75.

—*Catherine Seipp, 40, Los Angeles; divorced, writer*

I scrimp by buying used clothing from secondhand stores. I'm a big tag-sale person, too. My splurge is going out every Saturday morning for breakfast. After working all week I love just to sit back and have somebody else make breakfast for me.

—*Martha Kimbrough, 47, Cambridge, New York; married, housekeeper*

I splurge on massages. A chiropractor prescribed them two years ago after a car accident. I continued going even after my insurance ran out because I was addicted. Then a friend gave me a facial as a present. Now I get a facial and a massage once every three months. But I do economize: I just found a place that does both for $70, and I used to pay $100.

—*Susan Buckholz, 55, Hypoluxo, Florida; married, bartender*

(continued)

BARBARA McGREGOR



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My basic pattern is to buy bargain stuff in general, then splurge on one really extravagant item. That means I do my own nails, spend only $20 on a haircut and pay next-to-nothing for most beauty products. Except for shampoo: That's my big indulgence—a $25 bottle from Kiehl's.

—Holly Dando, 33, New York City; single, social worker

I have a four-year-old granddaughter I splurge on. I might have to save up, but I'll buy her anything. This Christmas we got her an entire bedroom set with sheets, a bedspread and curtains to match. I scrimp by using coupons, shopping the sales, taking back bottles. Except for Crest toothpaste and Campbell's soup, I'll buy the store brand of anything.

—Marta Stringham, 45, Bennington, Vermont; single, systems assistant

As a stay-at-home mother, I don't have a lot of tangible perks. Ideally, your children grow up to become good citizens, but that takes a long time to see. So I figure I deserve a decent haircut, and I'll spend the money to get it.

—Regina Ruocco, 35, Northbrook, Illinois; married, homemaker

I scrimp constantly. We use entertainment coupons and only buy clothes on sale. I cut my husband's and kids' hair, and I get $8 haircuts and do my own hair-coloring. I buy panty-hose irregulars and hand-wash dry-cleanable items. Our splurge is a small but necessary one. Every day, my husband and I stop at the fancy coffee shop on the way to work. It's our little moment of holding a really good cup of $2 latte in our hands.

Jennifer Patterson, 40, Pittsburgh, Pennsylvania; married, legal assistant

My big splurge is having my sheets washed and ironed. It costs about $7 a week, so it adds up, but, boy, is it worth it. They're so smooth and silky, you feel like you're staying in a hotel. But I never buy a greeting card or gift wrap; I always make it myself.

—Joan Goodrich, 54, Bennington, Vermont; married, college administrator

Fifteen years ago, when I was just out of graduate school, I splurged on a pair of beautiful, bronze-colored Joan & David shoes. Sometimes certain objects become the incarnation of people's hopes and dreams. I was deferring so much gratification I *needed* those $90 shoes.



These days, I wear boots I've had for fifteen years and splurge on food. I'm a gourmet cook and love to entertain, so I'll easily spend $100 on a dinner party. But I refuse to buy a food processor, and our kitchen still has the hideous appliances that were installed in the seventies. The way I see it, fancy gadgets and appliances don't do the cooking.

—Sarah Sherman, 48, Durham, New Hampshire; married, professor

I spend a small fortune going to jazz clubs and buying CDs. I also buy expensive books about jazz, though I do try to shop in used-book stores. And I donated $1,000 to the Jazz Foundation of America last year because they help musicians in need.

—Mary Hogg, 42, Brooklyn, New York; married, paralegal

I grew up in California, where nobody wore coats, so now, naturally, I adore them. There's no limit to what I'll spend. I'll scrimp on everything else—I don't have fancy furniture, and I wear jeans everywhere—but I'll put on one of my coats and feel dressed. When I lived in California, it was bikinis. I owned dozens. Bikinis and coats—nothing in between.

—Elisa Stern, 37, Chicago, Illinois; single, financial analyst

I absolutely refuse to pay retail price for a bra. I go to a street fair or a discount store and get the same $22 bra for $6 or $7. But I used to have a two-bottle-a-day Pellegrino habit. My husband would buy the "2 for 99¢" bottles of seltzer, then get angry when I'd sneak in a $1.50 bottle of Pellegrino. So we stopped buying fancy water and got a filter instead.

—Pat Klein, 53, New York City; married, executive secretary

I like to splurge without spending a fortune. Recently, I began thinking about what truly makes me happy. I remembered going to the library as a child and picking out books to borrow; it was better than being let loose in a candy store. So I went to a library book sale and bought six books by authors I'd always wanted to read. It gave me a feeling of pure, unbridled luxury, and they cost only $1 apiece!

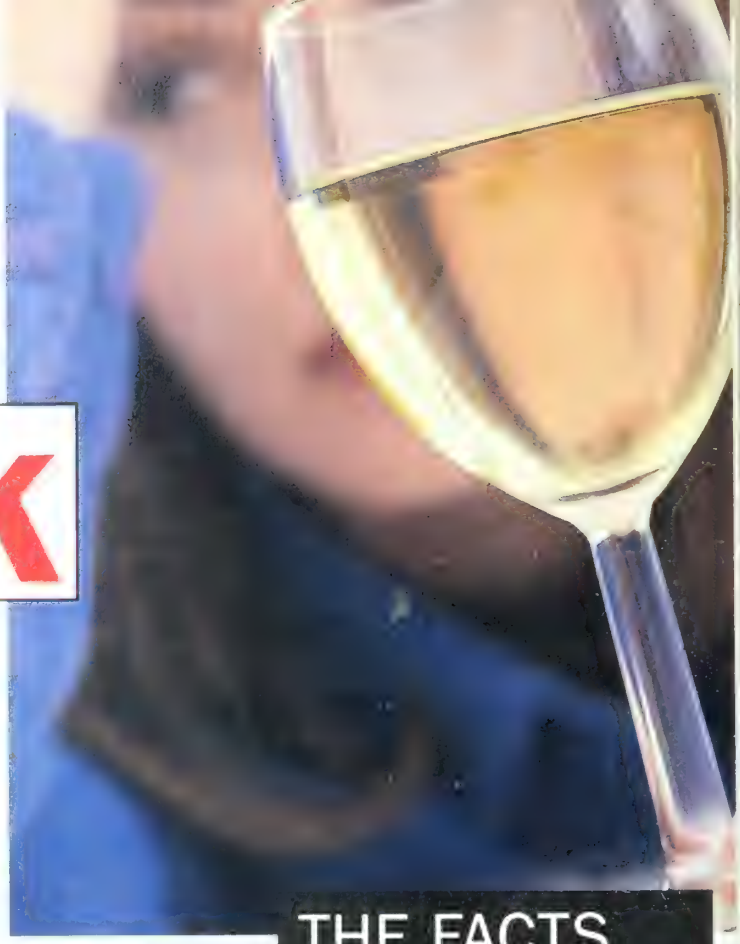


—Susan Jenkins, 42, Carnation, Washington; married, fiber artist

Maura Sheehy, a writer and editor from Brooklyn, New York, is working on her master's degree in social work.


Don't play ball
Joanie, go to your room.
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mom line: Drink your milk.
Unlike hairdos,
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Why Women Drink



For millions of women, being the life of the party has become a dangerous addiction. By Bob Trebilcock

New research shows that alcohol abuse has become a very serious problem for American women. In this special report, we'll tell you why more and more women are driven to drink. Plus, one woman's journey from the bottom of the bottle to recovery.

Kim Stapleton's car spun out of control on a dark Connecticut highway, then smashed into a guardrail. Shaken but unharmed, Kim stumbled out onto the road. She was drunk, just as she'd been almost every night for the last few weeks. A friend's words rang in her ears: "If only you could see what I see right now, you would stop drinking."

This wasn't the first time someone had urged Kim to give up alcohol. At twenty-four, she had been drinking for nearly half her life. But it was the first time the words made an impact.

"Alcohol was making me crazy," Kim says now from her home near New Haven, Connecticut. "I knew that if I didn't get sober, I'd be dead. I could not go on."

That was thirteen years ago, and Kim has not had a drink since. Today, at thirty-seven, she is a personnel consultant for an employment agency. She and her husband of eight years have a five-year-old daughter and an eleven-month-old son. "Each thing that I have achieved is a miracle," says Kim—a miracle she attributes to sobriety.

Kim's journey into alcoholism is a familiar story, according to a comprehensive two-year study of the impact of alcohol and substance abuse on women by The National Center on Addiction and Substance Abuse (CASA) at Columbia University, in New York City. Today, 4.5 million women are alcoholics or alcohol abusers. While more men than women have traditionally drunk to excess, the gender gap has been closing since World War II, especially among women under thirty-five. Adolescent girls are now equally as likely to drink as adolescent boys. *(continued)*

THE FACTS ABOUT WOMEN AND DRINKING

- Number of Americans with a drinking problem: **13.8 million**
- Number of women with a drinking problem: **4.5 million**
- Number of women who consume at least sixty drinks per month: **2.5 million**
- Alcoholic beverage women drink most often: **wine**
- Age at which most female alcoholics start drinking: **thirteen**
- Estimated number of children who live in households with at least one alcoholic parent: **6.6 million**
- Percentage of Alcoholics Anonymous (AA) members who are women: **35**
- Percentage of AA members aged thirty and under who are women: **43**
- Most frequently reported barrier to treatment for alcoholic women: **lack of child care** —B.T.

SOURCES: THE GALLUP ORGANIZATION, THE NATIONAL INSTITUTE OF ALCOHOL ABUSE AND ALCOHOLISM AND THE NATIONAL COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE

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None of these findings comes as a surprise to Kim. "I know there are other women experiencing the shame and loneliness that I experienced as an alcoholic," she says. "As women, we're supposed to carry the emotional strength of the family and be in control. When you're drinking, you're not in control. You feel worthless."

All in the family

For Kim, alcoholism was a family tradition. Her maternal grandmother died of alcohol-related diseases. Kim's mother, Sue, began drinking at age fourteen; by the time she was thirty, she was a functioning alcoholic, divorced and raising three young daughters.

A shy and lonely child, Kim felt estranged from both her parents after their divorce. Although her father often visited, he was preoccupied with his restaurant business. Her mother was completely unpredictable. Sober, she was attentive and nurturing; returning home drunk from a night out, Sue was loud and belligerent.

Late one night when Kim was ten, she heard her mother arguing with a boyfriend, then knocking over furniture after he left. When Sue came upstairs, Kim accused her of being drunk. Sue lost control, screaming and yelling. Kim locked herself in her bedroom.

The next morning, when Kim and her sisters crept out of their rooms, Sue was passed out on the sofa. When she finally came to, "all three of the kids were just looking at me, terrified," recalls Sue, who is now an addictions counselor in Florida. "That was my bottom. For the first time in my life, I connected with my mother's alcoholism. It was devastating."

That was 1971. Once Sue decided to get sober, she threw herself into Alcoholics Anonymous (AA) with the same zeal she used to have for parties with her friends.

But despite the fact that Kim had seen what drinking had done to her mother and grandmother, she didn't shy away from alcohol. In fact, she had her first beer at a beach party when she was just fourteen years old.

At first, says Kim, drinking was like donning Wonder Woman's costume. Normally shy and reserved, she found alcohol made her inhibitions fall away. "Drinking allowed me to open up, become more social and spontaneous," Kim remembers. "I used alcohol as a way to get what I thought I couldn't get sober."

Gradually, Kim graduated from beer to wine to scotch. She blacked out for the first time at age fifteen. "I woke up the next morning extremely hungover and scared because I didn't know where I'd been or what I'd done," remembers Kim. "It was the first time I said to myself, I'll never drink again." Six hours later, she had a beer in her hands.

At sixteen, she had her first drunk-driving accident, killing a neighbor's German shepherd. But no one realized she'd been drinking. The neighbors attributed Kim's hysterics to her shock at having run over the dog.

Kim also managed to hide the extent of her alcohol abuse from her mother. "There were times when I could tell she had been drinking," admits Sue. "I confronted her on occasion. But I didn't realize how frequently she was doing it."

Drinking: A passion

Kim's slide into uncontrolled alcoholism began at college. Drinking or planning to drink consumed her. By the end of the first year, she was asked to leave school. Kim moved to Florida to work as a cocktail waitress in one of her father's restaurants—the perfect job for an alcoholic.

Four months later, she flew home to be the maid of honor in her best friend's wedding. The night before the ceremony, she spent the evening in a bar with her high-school pals. The next morning, Kim didn't wake until eleven A.M., an hour before the ceremony. Reeking of alcohol, she arrived at the church with just enough time to remove the curlers from her hair before the wedding march sounded.

"I was humiliated, and my friend was extremely hurt, disappointed and angry," says Kim. "We're still friends, but it's one of those incidents that will never be forgotten, and that I'll never get over."

Over the next few years, her drinking increased, and she was fired from her restaurant job. Sue realized that her daughter had a serious problem, but she also knew she couldn't prevent her from drinking. "Recovery in AA is about learning to let go of the control of other people," says Sue. As a mother, she adds, "that's the hardest thing that I've ever learned."

In late 1984, Kim, who was now working in another one of her father's restaurants in Connecticut, did try to get sober. "I was *(continued)*



Why Drinking Is **Worse** For Women

When it comes to alcoholism, the sexes weren't created equal. Women become intoxicated more easily, and suffer more quickly from the long-term effects of drinking. Female alcoholics are twice as likely to die as male alcoholics in the same age group.

The differences begin as soon as an alcoholic beverage passes a woman's lips. Because women have a smaller quantity of body water than men, liquor is concentrated in their blood at a higher level. And due to differences in stomach enzymes, women metabolize alcohol less efficiently. The result: A woman becomes just as drunk as a man after drinking roughly half as much as he did.

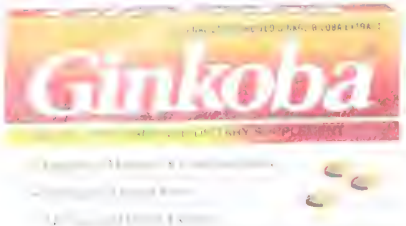
Heavy drinking is associated with women's increased risk of hepatitis, pancreatitis and heart disease, and is related to menstrual disorders, infertility and an increased risk of early menopause. Some studies have also linked two or more drinks a day to an increased risk of breast cancer.



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Today, Kim has what she calls her "miracles" of sobriety—a loving husband and two children

screwing up at work, and my relationships with my family were horrendous," she remembers. She attended AA meetings and stayed sober for a month. Then, one night, she decided to have a drink. She was going to prove to herself that she wasn't an alcoholic.

She failed miserably. Soon, she was drinking every night. Her binge culminated several weeks later in mid-January 1985. She had been drinking at work since eight o'clock that night. After the restaurant closed, she went out to breakfast with a co-worker with whom she had fallen in love. As he tried to explain to Kim that he didn't want a relationship with her, she became angry.

"If only you could see what I see right now, you would stop drinking," he told her. Then he left.

"It was a moment of humiliation and despair," Kim recalls. "I was a drunk."

She got in her car, and a few minutes later, smashed into the guardrail. The next morning, she called her mother for help. "I'm willing to do anything," Kim told her.

Sue told Kim about Arms Acres, a substance-abuse treatment center in Carmel, New York. "It's a place for alcoholics," Sue said.

"I'm not an alcoholic," Kim insisted. "I'm having a breakdown."

"Honey," Sue said, "they'll address all of your problems, but I really think this is the place for you."

Kim hesitated, then said, "I'll go."

The road to recovery

Sue was thrilled that Kim was finally willing to ask for help. "I was feeling such relief," she says. "I saw her as really beaten down, and this was something that could save her."

Kim spent a month and a half at Arms Acres. After an initial forty-eight hours in detox, every minute of her day was scheduled around meetings and therapy. "They break you down," explains Kim. "In treatment, you're forced to face up to your drinking, and that leaves you feeling very vulnerable."

A large part of it, she adds, was learning to understand the things that were the catalysts for her to drink. "Once you acknowledge that you're an alcoholic, you need to connect with people who are going to support and understand that," she explains. "When I got a taste of what my life could *(continued on page 190)*

Treatment That Works

In 1976, Jean Kirkpatrick, Ph.D., founded Women For Sobriety (WFS), a self-help group exclusively for women alcoholics, when AA couldn't help her overcome her drinking problem. Today, the group, which is based in Quakertown, Pennsylvania, has more than three hundred fifty chapters. "I believed that women require a different approach," says Kirkpatrick.

The difference between WFS and AA, says Kirkpatrick, is in the underlying philosophy. "AA believes the key to sobriety is your humility and turning your life over to a higher power," she explains. "But alcoholic women need to get their lives back. To maintain sobriety, a woman needs more self-esteem, self-value and self-confidence."

Today, there is a growing awareness that women's needs could be better met in single-sex treatment programs. While the protocol is the same for both female-only and coeducational programs, single-sex groups provide an environment where women can face issues that are unique to them, such as eating disorders and physical or sexual abuse. "Those are significant issues that are unlikely to be addressed or receive the same level of attention in a coed group," says Nancy Waite-O'Brien, Ph.D., director of psychological services at the Betty Ford Center, in Rancho Mirage, California.

At Betty Ford and the Hazelden Foundation, the two best-known centers in the country that offer women-only programs, the average stay is twenty-six to twenty-eight days. The first few days are spent in detoxification, followed by three to four weeks of intensive group therapy. The average cost of treatment at both institutions is about $13,000.

Health insurance no longer routinely covers the total cost of a rehabilitation stay, but "both Betty Ford and Hazelden have assistance programs, as do many other institutions," says Waite-O'Brien. For more information on treatment programs and women-only support groups in your area, contact your local or state social-service agencies, or the United Way, which is often an umbrella group for a number of local programs. Information is also available from:

- **Betty Ford Center at Eisenhower Hospital, 39000 Bob Hope Drive, Rancho Mirage, CA 92270; 760-773-4100**
- **Hazelden Foundation, Box 11, Center City, MN 55012-0011; 800-257-7800**
- **Women For Sobriety, Box 618, Quakertown, PA 18951-0618; 215-536-0826; *www.mediapulse.com/wfs/***
- **National Council On Alcoholism And Drug Dependence, Inc., 12 West 21st St., New York, NY 10010; 800-622-2255.**



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IRA: Not the Only Way

Q I'M LEAVING MY JOB TO START MY OWN BUSINESS. WHAT ELSE CAN I DO WITH THE MONEY IN MY OLD COMPANY'S 401(k) PLAN BESIDES OPENING AN IRA?

A You have several options. Since you'll be working for yourself, consider opening a Keogh plan, says Dean Muller, vice president of Dean Witter, in Milwaukee. Designed for the self-employed, a Keogh lets you put a portion of your earnings—the amount depends on your income—away for retirement and take a tax deduction on your return. (There are different types of Keoghs, so it's best to consult a tax adviser before making any decisions.) Alternatively, if you need money to get your new business off the ground, you might want to roll over some portion of your 401(k) into an IRA, which gives you a short-term interest-free loan—but only for sixty days. If the IRA is not opened by then, you'll be subject to penalty fees and taxes. Finally, you can leave the funds in your old 401(k), notes Muller—the fund manager will send you statements. One other difference: You can borrow against your 401(k) at any time, something you can't do with an IRA.

—Janine S. Pouliot



E-MAIL ETIQUETTE

Typos, odd abbreviations and downright bad grammar. In their haste, many people let their E-mail correspondence get sloppy. Don't fall into that trap, warns Ned Snell, author of *Teach Yourself the Internet in 24 Hours*, 2nd Edition (Macmillan Computer Publishing, 1998). Here's how to enjoy the ease of E-mail without lowering your standards.

Avoid informality Use letter-format niceties like "dear" and "sincerely," especially if you don't know the recipient. Write out words and complete sentences (personal shorthand may be intelligible only to you). Always take a minute to proofread.

Monitor tone Humor and sarcasm can be misinterpreted in a written message, so use only with recipients you know well. If you can't decide whether you said what you meant to say, print out your message, set it aside and reread it before sending. Typing in all capitals is the E-mail equivalent of shouting, so carefully choose words that emphasize your point.

Be brief A long E-mail can be hard on the eyes. Fill in the subject line, greet your reader, make your point, then close.

—Arricca Elin SanSone

Airline Refund Rules

You planned your trip and bought your airline tickets months in advance. But are your organizational skills costing you money in the end? While early birds usually grab the lowest fares, prices sometimes do drop, says Steve Loucks, director of communications for the American Society of Travel Agents, which means it may pay to recheck the flight's fares periodically. If you find out the fare has gone down, most major airlines will refund the difference to you, typically in the form of a credit voucher good toward your next flight. However, policies differ from airline to airline, and, of course, there are conditions.



- The lower-fare ticket often [illegible] the same restrictions—minimum night stays, same city stopovers—as the ticket you originally purchased.
- Seats must be available at the cheaper price. It's possible that seats at the new lower fare have sold out.
- Check if there are any fees involved. If you want a credit refund instead of a voucher, you might be charged a hefty $50 to $75 reticketing fee.

—Corinne L. Domingo

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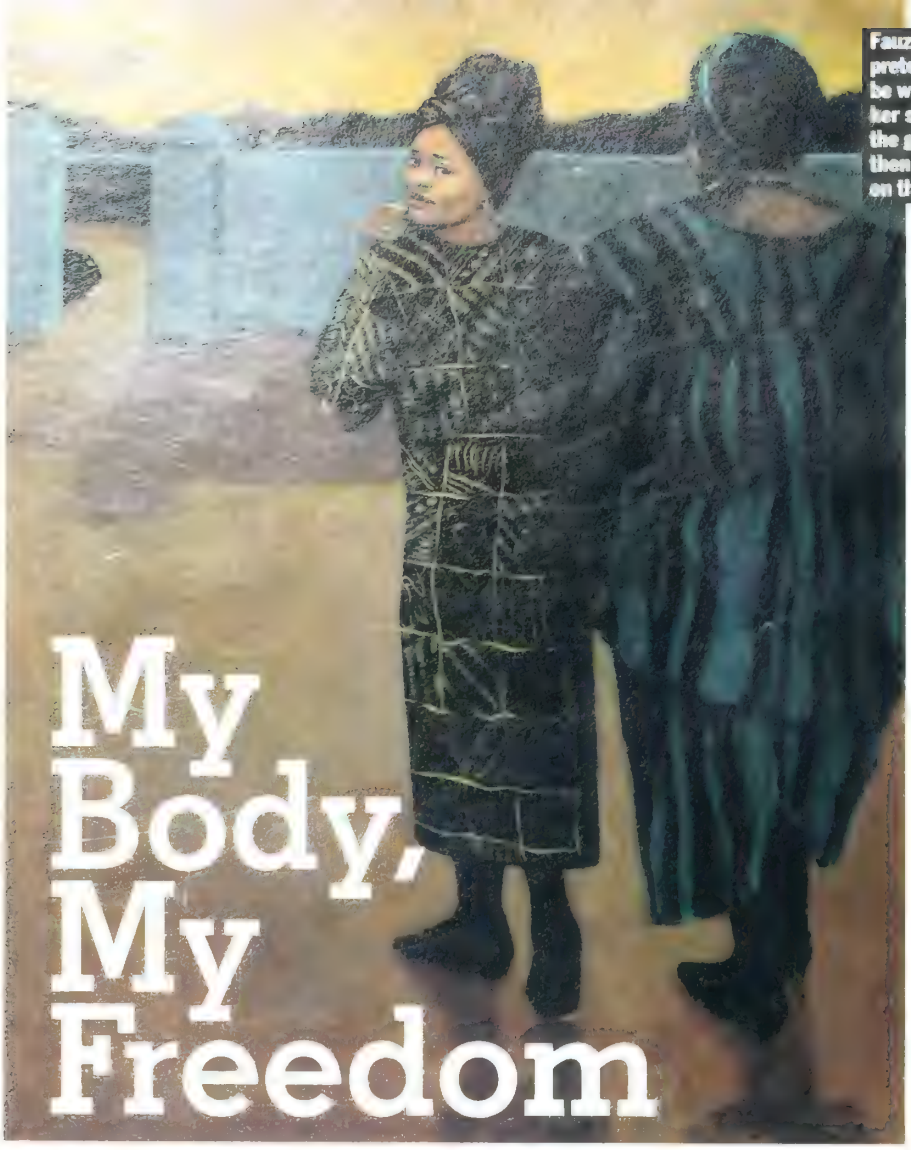
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NAH/SEN-T/BS/1 04/97



Fauziya pretended to be walking her sister to the gate, then slipped on through

My Body, My Freedom

The harrowing story of a young African woman who fled from persecution in her own land, only to find herself imprisoned in America, the country she saw as her savior By Fauziya Kassindja and Layli Miller Bashir

Fauziya Kassindja spent her nineteenth birthday as she had her eighteenth: in an American prison. Back home in Togo, a tiny country sandwiched between Ghana and Benin, in West Africa, her mother would fast on Fauziya's birthday to thank Allah for keeping her daughter well. Had she remembered to fast this year? Fauziya hadn't seen her in three years, since her father died and her world utterly changed.

"Don't forget about my skirt, Yaya," I said to my beloved father as he dropped me off at school after Christmas vacation. Though I was from Kpalimé, in Togo, I attended boarding school in Ghana, because classes there were taught in English.

I never got the long wrapskirt my father had promised me for my sixteenth birthday. A week later he succumbed suddenly to asthma. By the time I found out, I had missed the burial. Yaya was gone, and I never even got to say good-bye.

It is customary when a man dies for the family elders to gather the children together to offer them counseling and advice. My uncle was now the head of our family, and everything my father had owned now belonged not to Amariya, our mother, or to us, his seven children, but to my father's brother, Malam Mouhamadou, and their sister, Hajia Mamoud. Mouhamadou was also the legal guardian for me and my younger brother, Babs. All our other relatives spoke kindly. When it was my uncle's turn, his words fell like blows: "Your father is dead. He spoiled all of you. Especially you, Fauziya. That stops now."

There had always been differences between my father and his two siblings. My father was a very religious man, but not traditional like them. He believed in education for his daughters, which some considered dangerous, and he had married only one woman, someone from another tribe whom Aunt and Uncle had never accepted. Nonetheless, they were our elders, my father's family, and we were obliged to be courteous.

For the most part, the three families managed to live in peace, but ultimately, they became estranged over an incident involving *kakia*, a tribal practice also known as female genital mutilation (FGM), which, I'd been told, involves scraping off the clitoris and sometimes other parts of the genitals as well. The procedure is done by a female elder, without benefit of anesthesia or sterilization, when a girl is around fifteen years old. I had heard my parents speak of this practice with horror; my mother's sister had died from it, and I knew four girls who had bled to death. My parents abhorred the practice, so my three older sisters had been spared, but both my father's siblings had subjected their daughters to it. *(continued)*

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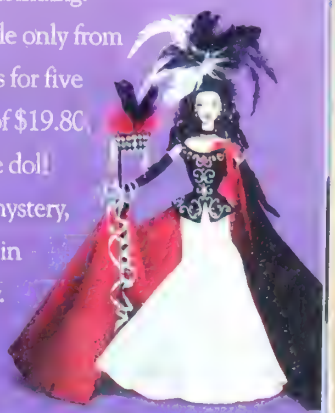
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MY BODY, MY FREEDOM

Continued

By the time Fauziya came back for summer vacation, her aunt and uncle had evicted her mother. After enduring the summer, Fauziya went back to school and threw herself into her work. The following summer, her aunt began talking about a man named Ibrahim Ishaq, who seemed to be a new person in her life.

"He's a very respected man," Hajia Mamoud would say, "very powerful and wealthy. I hope you'll have a chance to meet him soon." It sounded to me like my aunt was in love. I hoped so. If she married this man, maybe she'd let my mother come back home. He began to visit once a week, and I tried to be courteous to my aunt's suitor. Then one day in July, she remarked casually, "I told Ibrahim you are not going back to school."

I was stunned. What business was it of his? "You know how you're always saying what a nice man he is?" she went on. "Well, he likes you, too. He wants to marry you."

"Marry *me*!" I exclaimed. "I thought he was going to marry *you*." The man was forty-five, three times my age, and already had three wives and several children. It would have been funny if it weren't so horrific.

"You *will* marry him, Fauziya," she said. "He'll take care of you. And once you are circumcised, you will learn to love him."

All through September, Fauziya prayed and read the Koran and repeated her refusal, believing they would not force her to marry. Then one October morning she woke up and saw the dresses and jewelry laid out on the bed.

I was to be married that very day, Monday. The circumcision would take place a few days later. In forty days, after the wounds had healed, the marriage would be consummated. At that moment, part of me ran away to some other place and watched, unseen, untouched. I let them paint the *laylay* designs on my hands and feet and dress me in my wedding finery. My husband's three other wives paid a formal visit to welcome me. That day the wedding ceremony was performed at the mosque without me. At dusk my aunt brought me the marriage certificate. I left it on the floor where she had thrown it.

I was in my room when my sister Ayisha knocked. She had rushed to my side the moment she heard about the wedding. I sobbed my heart out.

She looked at me gravely. "Stop crying, Fauziya. Nobody's going to cut you. I'm going to get you out of here."

I laughed bitterly. "Ayisha, I'm married now. You can't hide me." But Ayisha insisted she had a plan. She would come for me tomorrow.

The next day was agony. By six o'clock, I was sure something had gone wrong. She wasn't coming. Suddenly, at six-thirty, she appeared.

We sat and talked. Ayisha said she had money for me from my mother, but she still hadn't told me her plan. When it was completely dark outside, Ayisha rose and told me to accompany

The rest of us should start at about age 35.



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ıer to the gate, as I had the previous ıight. "Except," she said, "tonight ve will keep going."

I nodded. My voice was gone.

We slipped quietly through the gate and turned left, shrouded in darkness. Around the corner a car was waiting. "Get in," Ayisha said.

That night Fauziya was on a flight to Düsseldorf, Germany, where a German woman named Rudina took her in for two months. A Nigerian man named Charlie, who befriended her, suggested she go to America: She spoke English, and he had an uncle in New Jersey and a cousin in Washington, D.C. Charlie said he could use his sister's passport to get on the plane; once she got to Newark, she would ask for asylum. She felt eager and hopeful. It seemed to be Allah's will.

Heart pounding, I approached the booth and handed over my passport.

"Have you been in this country before?" the officer asked.

"No, please." I wanted to be as courteous as possible.

"Well, the person this passport belongs to has been here," she said.

"Oh, excuse me, please. That's not my passport."

"Can you explain what you're doing with this passport?"

"Oh, yes, please. I want political asylum." Charlie told me to say that.

The officer took my money and passport and directed me to a bench. About an hour later, she took me to a tiny room. I told her about my father's death, my mother's eviction and my forced marriage. I didn't tell her about *kakia*. She was a white woman, and she was American. How could I tell her such a horrible, personal, intimate thing? I'd told her enough, I thought. She'd welcome

A supervisor read her notes and said, "This is no reason to grant you asylum. I suggest you go back to Germany. If you stay here, you'll go

Another officer came into the room and spoke to me in French, the language taught in Togo's secondary schools. I'd already explained that I'd gone to school in Ghana, where they spoke English. When he asked me to draw Togo's flag, I put the star in a box in the upper right-hand corner instead of the left.

"You don't speak French; you don't know your own flag." He snorted. "She's not from Togo. She's lying. She's probably from Nigeria."

Then another woman took me into a foul-smelling room, closed the door and ordered me to remove every article of clothing. I was a good Muslim girl. I had never even worn a sleeveless dress in public. When she got to my underpants, I was horrified.

"No! No! Please! Not my underpants! Please! I'm menstruating!"

"I said off!" She was furious.

I took off my underpants and stood in front of her naked, soiled pad exposed, shamed beyond words. This wasn't happening to me. I wasn't there anymore. I had gone someplace far away. *(continued on page 192)*

The Truth About KIDS and Divorce

A single mom shares her hard-won wisdom

By Joyce Maynard



In 1989, after years of struggle, my husband and I decided to separate. At the time, I was writing a syndicated newspaper column about family life, full of stories of my children, then eleven, seven and five. Clearly, I could not withhold from my readers the fact that my marriage was ending. But when I delivered the sad news, nearly half the newspapers that had been running the column canceled it. Several editors minced no words. "She's clearly not equipped to write about families after all," one said. Another put it bluntly: "She's not a good mother."

I have thought a lot about that phrase "a good mother." And, actually, I would say I am a better mother since my divorce than I ever was before. Contrary to the dire warnings of experts, who suggest that the cost of divorce is nothing [illegible] emotional health, my ex-husband and I have raised three strong, moral, caring and well-balanced children—devoted to us and to each other.

Not that we did everything right. In fact, we did just about everything wrong. Broke all the wise, sensible rules. Spent a ridiculous amount of money fighting over custody and visitation. Communicated badly, and sometimes not at all.

Nine years later, my ex and I are hardly friends, but the old rage is mostly gone. Both of us have grown wiser from all our mistakes. Here is what I wish I'd known then.

Forget about saying only good things about your ex.

Everybody tells you never to speak ill of your ex in front of the kids, and it makes perfect sense. They love him, after all, and they love you. So think how much it must hurt to hear one of you bad-mouthing the other.

There are a few problems with this advice. For one thing, it's almost impossible to follow. No doubt you have many highly critical things to say about your former spouse. Some, for sure, you'd better share with nobody but a good friend. But your fellow parent may do other things that trouble your kids—and not registering your objections would be as wrong as standing by while someone hits your child. You may also observe him doing something that runs counter to your values. (He lets them skip school, say, and says they're sick when they aren't.) When that happens, you have a right—make that an obligation—to let them know where you stand.

Another problem with the "never speak ill" rule is that it gives you no room for expressing a certain realistic level of anger and frustration (a kind of feeling that happily married parents are free to share with their kids). If you find yourself forever biting your tongue, unable even to say, "I wish your father wasn't always late to pick you up," then someday you may pop your cork and let out something really hurtful.

Children of divorce must try to make sense of the experience—to love and recognize what's valuable about both of their *(continued)*

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parents but also to understand why they are no longer married. So when my kids' father does something that upsets me, I speak pretty honestly. After nine years of observing the two of us apart, our kids are clear about why we could never be together. They see what drives me crazy about him, without letting it drive them crazy. No doubt they see what drives him crazy about me, too—and it doesn't stop them from loving either of us.

But say every good thing you can (honestly) say about your child's other parent.

You once loved your former spouse enough to marry him. The qualities you admired and respected about him probably still exist. So I seize any legitimate opportunity to speak of my children's father with genuine appreciation.

The other day, visiting my daughter at college, I expressed admiration for a beautiful piece of Chinese brushwork on the wall, realizing it had been made by her artist father. I told my sixteen-year-old son that next week, when he visits his dad, he should get in as much driving instruction as possible. His father will do a better job than I could.

I have only to look at my sons' faces across the breakfast table to be reminded that their father's blood runs in their veins. If they think that all I feel for him is contempt and disdain, where does that leave them?

Don't use the kids as messengers.

There is a big temptation, when communication with your ex breaks down, to clam up altogether and simply use the children as conduits. I've done it. I've also received—or failed to receive—messages my ex-husband tried to send this way.

Anytime I think that my children's father and I can have a reasonable, even pleasant, conversation in front of them, I go for it. But if there is any possibility that communication may get unpleasant, I try—for all our sakes—to put it down on paper. If it's a letter, I hold on to it for a day



If they share nothing else, I tell my kids, they will share the sometimes infuriating experience of having me for a mother

before mailing to make sure I haven't said anything I shouldn't. If it's E-mail, I hold it an hour or two. Our children also know now to tell us when we slip up and say things we shouldn't.

There is no shame in apologizing.

Anyone who is divorced has essentially admitted to a mistake. So why do so many of us have such a hard time admitting to our kids that we've screwed up?

Best not to screw up, of course—not to lose your temper, complain about an ex-husband's new wife, snarl that he has money for a motorcycle but not for soccer cleats. But if you do—and you will—it will go a long way with your children if you simply own up. Kids make plenty of mistakes themselves, so they are generally good at forgiving. *(continued)*

Does your life have signs of persistent anxiety?



Have you been bothered by unrealistic, uncontrollable, and excessive worry for the majority of days over the last 6 months? If you have, do you also suffer from three or more of the signs and symptoms of persistent anxiety you see to the left?

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Commonly Observed

Associated With Discontinuation of Treatment – The more common events, causing discontinuation included: central nervous system ... primarily nausea, miscellaneous disturbances (1.1%), primarily headache and fatigue. In addition, 3.4% of patients had multiple complaints, ...

Incidence in Controlled Clinical Trials – Adverse events reported by 1% or more of 477 patients who received buspirone in four-week, ...

Other Events Observed During the Entire Premarketing Evaluation – The relative frequency of all other undesirable events reasonably associated with the use of buspirone in approximately 3000 subjects who took multiple doses under well controlled, open, and uncontrolled ... patients, and rare are those occurring in less than 1/1000 patients. *Cardiovascular* – frequent: nonspecific chest pain; infrequent: syncope, ... slurred speech; psychosis. *ENT* – frequent: tinnitus, sore throat, nasal congestion; infrequent: redness and itching of the eyes, altered ... abdominal. *Gastrointestinal* – infrequent: flatulence, anorexia, increased appetite, salivation, irritable colon, rectal bleeding; rare: burning of the tongue. *Genitourinary* – infrequent: urinary frequency, urinary hesitancy, menstrual irregularity and spotting, dysuria; rare: amenorrhea, pelvic inflammatory disease, enuresis, nocturia. *Musculoskeletal* – infrequent: muscle cramps, muscle spasms, rigidity/stiff muscles, arthralgias ... tion impedance. *Skin* – infrequent: edema, pruritus, flushing, easy bruising, hair loss, dry skin, facial edema, blisters; rare: acne, thinning of nails. *Clinical Laboratory* – infrequent: increases in hepatic aminotransferases (SGOT, SGPT); rare: eosinophilia, leukopenia, thrombocytopenia. *Miscellaneous* – infrequent: weight gain, fever, roaring sensation in the head, weight loss, malaise; rare: alcohol abuse, bleeding disturbance, ...

POSTINTRODUCTION CLINICAL EXPERIENCE – Rare occurrences of allergic reactions (including urticaria), cogwheel rigidity, dystonic reactions, ...

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KIDS AND DIVORCE

Continued

Let them go.

I remember how, the first few summers after our separation, I'd sit with the calendar and agonize over the loss of every precious vacation day my children would be with their father. I wanted them to have the kind of summer I remembered from my own childhood: long days of riding my bike no place in particular, hanging out with friends, instead of rushing off between houses with their possessions crammed in shopping bags.

There was a time when I believed that I was better equipped than their father to see that they had interesting experiences. I would hear that they spent a day at his house, playing video games, while he went off to work, and I'd be enraged and frustrated. *I* would have done it differently. But they are not just my children. And they need to know each parent and experience that parent's world.

One more thing: I almost never call my children when they're at their father's house. It seems to me that it's hard enough to move back and forth between two worlds without the constant pull, when they're with one parent, toward the other.

Foster your children's relationship with each other.

This is a good idea for any parent. But in divorced families, where the children shuttle between two households, a strong relationship with a brother or sister can be one of the best things a child has.

I grew up in an alcoholic family where the need to keep the secret of my father's drinking was so compelling that I never felt I could talk about it even to my sister. I always knew I would want my own children to feel free to share their problems—even if it meant (as it must) sometimes excluding me.

In our family, postdivorce, I've made a point of preserving family time, in the midst of everybody's busy lives, for meals together, when we sit down and say grace and talk about our day. But children

vorce also need time with each her—separate from either of their rents. As a single mother, working rd to earn a living, I couldn't al- ıys be home. Sometimes I'd leave oney for my daughter (my oldest ild) to take the three of them out Chinese food, or instructions on ing a meal. They did more chores an most kids, probably. But they ırned to rely on one another and nk of themselves as a team.

Whenever they've disagreed, I ve always favored the kind of



nsequences that force them to work t things themselves rather than the nd where I step in and punish meone. If they share nothing else, I ve told them, they will share the metimes frustrating, sometimes in- iating experience of having me for mother. Call it nutty that I make y children kiss each other when ey fight. But I will say this: My ildren are as tight and mutually pporting a trio as any I know.

o good things for yourself.

e all know this, yet few of us put it o practice. A happy mother raises ppy children. No quicker way to rn out, flip out or load your chil- en with a massive dose of guilt and ligation than to turn yourself into a artyr mom.

A woman in a strong and loving arriage has to give a whole lot to her children; it goes with the job description. But she usually gets some pretty good strokes herself from her partner. Single mothers, on the other hand, put out at least as much effort without encouragement and support at the end of the day.

You can dip from the well only so long before it goes dry, unless you do something to replenish it. For me, that has meant giving myself permission, even in the worst of times, to go to a gym, meet a friend for coffee, buy myself fancy underwear. While I recognize the sensitivity kids have to seeing their mom date, I have never pretended to mine that I don't care about having a romantic life. Sometimes they would have preferred me to stay home, but it's important for them to know they are not solely responsible for my happiness. (What kid wants that kind of burden?)

Don't always blame divorce.

I sometimes forget that so-called intact families have problems, too. Fights, insecurities, regret, tantrums, trouble at school . . . these are not unique to divorced families. But when they happen to us, we tend to put the divorce at fault.

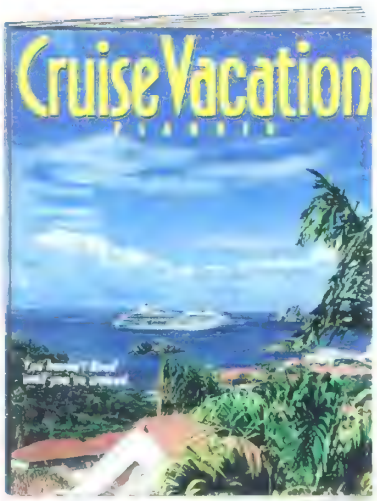
The other day, at my sons' soccer game, I sat on a bench with a bunch of parents who all seemed to be married—to each other. They were planning family excursions for an upcoming holiday. One mother described a big house addition they were building. A father talked about how much he loves to take his sons to weekend Giants games. I was flooded with a momentary wave of divorce guilt and inadequacy.

So I was feeling a bit melancholy as we climbed into the car. "More than anything," I told my sons, "I wanted to make a happy family."

"Lighten up, Mom," my son [illegible]

[illegible] (www.joycemaynard.com).

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Is Your Marriage Stressed-Out?



Working at four A.M. is still working

Two incomes, two kids, no sex. If that sounds familiar, you've probably fallen victim to these myths about balancing work and family. By Wayne M. Sotile, Ph.D., and Mary O. Sotile

Women and men today have unprecedented expectations. We believe we can have it all—a great marriage, thriving kids, a solid career and rewarding personal time. Trying to fulfill all our roles creates enormous levels of stress, which tends to corrode relationships; when our marriage suffers, we lose our ability to withstand stress.

In order to stop this vicious circle, we need to change our thinking. Here, a dozen myths that can undermine our relationships and leave us vulnerable to burnout.

Myth 1: My stress hurts more—or less—than yours.

Fact: When your partner says he's exhausted, do you counter with how many more hours you've logged this week? Or, in a variant of this myth, do you discount your own struggles out of a vague sense of shame about the impact your stress is having on your family? Life is not a suffering contest. Learn to express appreciation for what your husband is going through—without devaluing yourself. Remember, it is possible to solicit your partner's support while simultaneously nurturing him.

Myth 2: Working when no one is awake doesn't count.

Fact: This is a classic mistake made by overworked couples. We convince ourselves that we need relief from our anxiety about our burgeoning to-do list more than we need rest and relaxation. As one of our clients put it: "If I get up at four A.M., I can get a jump on my day before my family wakes, and I still get to spend some time with them before leaving for the office."

Periodically overworking doesn't hurt anyone, but workaholism saps creativity and drains energy from those around you. Families are organic systems: What happens to one member affects everyone else. You have a finite amount of energy; regardless of when you expend it, drained is drained.

Myth 3: Anger must be expressed.

Fact: Behaving aggressively merely hurts others and fuels your own hostility. You might feel temporary relief, but in the long run, striking out at others leaves them damaged, and you suffer the consequences of unchecked hostility. In either case, you lose. Learn to be appropriately assertive, not aggressive. Calmly state what you need when you need it. And pick your battles: Not every minor irritation needs to be voiced.

Myth 4: If it doesn't come naturally, it's fraudulent.

Fact: If you shy away from the awkwardness of new *(continued)*

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responses, you'll [illegible] not come naturally. [illegible] practiced until they feel familiar. Changing your behavior involves three stages. First, you imagine how you want to be and commit yourself to making the change. Next, you begin behaving like the person you want to be, no matter how awkward it feels. Only after much practice does the emotional change occur, and the new way of acting begins to feel natural and authentic.



Some things *don't* have to be said

Myth 5: Never apologize, never explain.

Fact: The three most powerful words in any relationship are *I am sorry*. When you apologize, others feel acknowledged and understood. They lower their defenses, making further connection between the two of you possible.

Myth 6: We don't have time for romance.

Fact: Remember that there is no such thing as a perfect relationship. Even more important: There are no secret rules for keeping your marriage healthy through all the stages of life together. Relationships are amazingly resilient: If they are regularly fed at least a little, they grow. Don't add to your stress by holding yourself to some ideal of romance. Do what is possible; it will add up and keep you connected.



[illegible]

Myth 7: If it works in the office, it will work at home.

Fact: Speed, efficiency, attention to the bottom line and controlling all the details can serve you well in your career—but not at home. Relationships grow from connection, not from performance or management. To connect, you must slow down, disclose yourself and nurture your loved ones. Learn to periodically shift out of high gear. Pause and notice the people in your life.

Myth 8: Use every teachable moment.

Fact: People who have become adept at juggling sometimes find it difficult not to share what they know with others. But being taught often feels very much like being lectured, corrected, controlled or criticized. Practice biting your tongue. Decide once a week to listen to others rather than teach or preach. Offer encouragement, admiration, compassion—anything but advice.

Myth 9: I can't help it.

Fact: Most of us justify inappropriate behavior—angry outbursts, workaholism, coldness or compulsions—with some variety of self-abdicating myth. We say, "It's just the way I am." Or, "My parents' relationship made me this way." Regardless of the hand we're dealt, we have a choice about how we cope. Stop blaming others for your actions. In spite of the reasons you cope [illegible] you do, ask how you might benefit from changing those strategies.

Myth 10: If my partner helped out [illegible], I wouldn't feel so stressed.

Fact: When we are overwhelmed, it's only natural to assume that there must be something that others could do to help. When that doesn't happen, we conclude that our pain is due to their lack of cooperation: If my partner nurtured me more, my emptiness and fatigue would go away. Stress is an unavoidable part of life; our pain comes from not taking appropriate care of ourselves. Focus on controlling your own reactions, not on what others are or are not doing.

Myth 11: I'm not good at intimacy.

Fact: We spend most of our lives achieving and relatively little time touching and communicating. Is it any wonder that intimacy becomes an area of relative inexperience?

If we distill all of the little things that make a relationship, two truths emerge: Thriving partners treat each other with generosity. They regularly offer their partner gifts—not necessarily material—that they know he or she cherishes. Inside the bedroom and out, they react graciously to what they are offered, even if it is not their first choice.



You think *your* life is hard?

Myth 12: I'm the exception.

Fact: As we zoom through life we feel we are able to do more than others, accumulate more than others or endure more than others. But experience has a way of equalizing us. No one is the exception to certain rules regarding the human condition and the workings of relationships. No matter how stress-hardy you think your relationship is, if you don't nurture it, it will wither. •

The Sotiles are a marriage-and-family counseling team in Winston-Salem, North Carolina, and authors of "The Medical Marriage: A Couple's Survival Guide" (Birch Lane Press, 1996).

For a special offer on the book "Supercouples Syndrome," see page 196.

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THE ASHTON-DRAKE GALLERIES



"I have a career like nobody else's," says Somers

Chrissy, Incorporated

Suzanne Somers opens up about fame, failures and making money (lots of it). This blond is definitely having more fun. By Jamie Diamond

Sitting in a cracked leather armchair in her Palm Springs home, Suzanne Somers is recalling the period after her fall from grace as the beloved airhead, Chrissy Snow, on the late-seventies sitcom *Three's Company*. Few took her seriously as an actress, and she started to work in casino nightclubs. "I started in big rooms," she says. "But then there was a decline."

Actually, more like a downward spiral. Somers found herself double-billed with Bertha the dancing elephant in Reno, Nevada. "They made Bertha do a Mexican hat dance," recalls Somers, "and I remember looking into her eyes and sensing that she was saying, 'I hate this.'"

But Somers claims she did not hate her period of decline. "I was building a career as an entertainer, and I'm proud of that," she says. Offstage, she felt less certain of herself. "At home, at the time, I had no control. So onstage I wanted to control people and make them feel . . ." She stops and furrows her brow. "I'm not painting a very good picture of myself, am I?" she says. But she's only just begun.

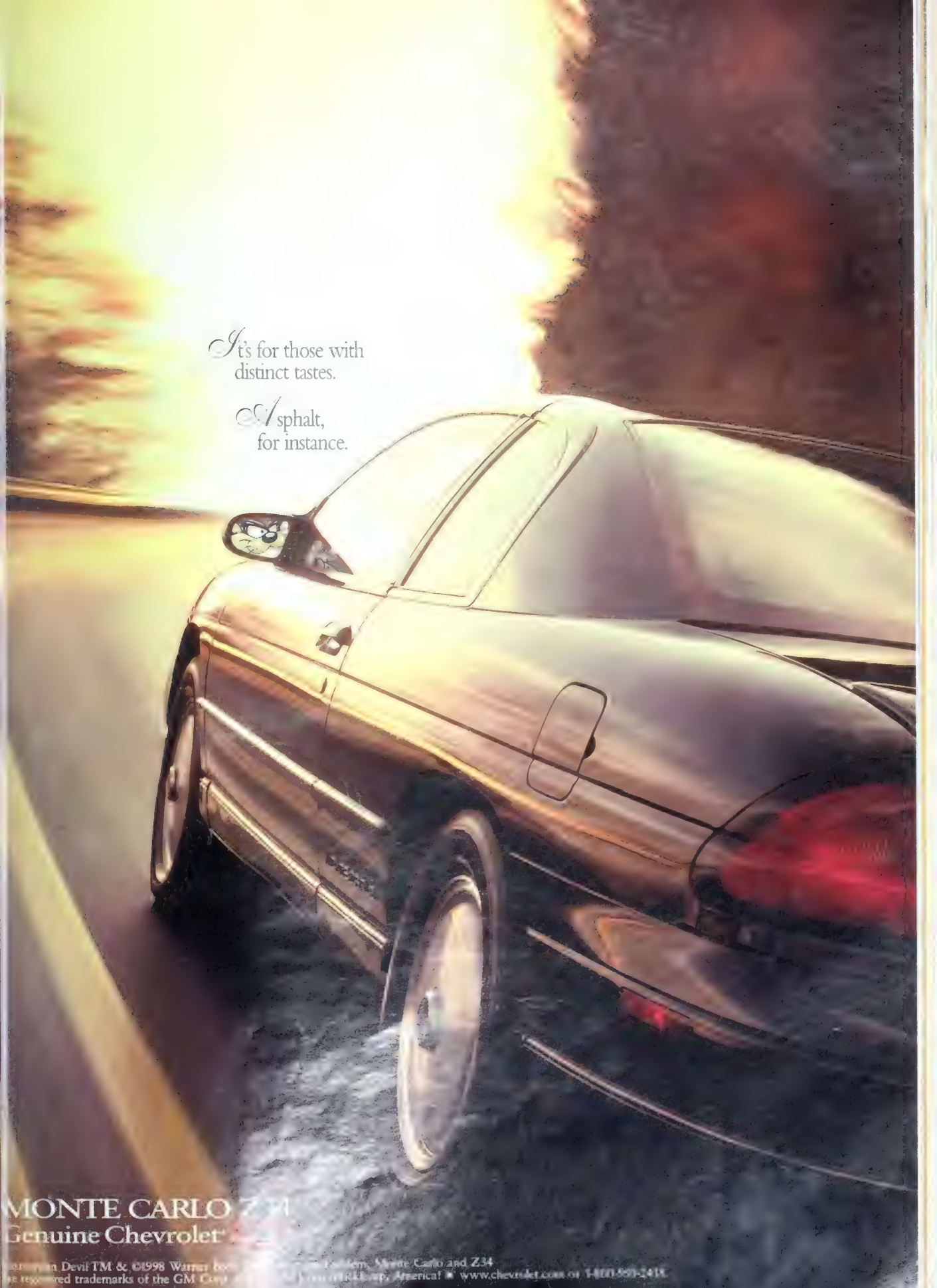
To anyone looking around her messy home—stacks of books sit on the floor, papers litter the table—it's clear that this is not a woman committed to presenting the image of perfection. Somers is wearing a black turtleneck, jeans and that shade of beige foundation that works magic on blue eyes. Her teeth are so white you need sunglasses. But even at fifty-one, a grandmother of three, she's still the girl next door, the one who keeps getting lemons and making lemonade.

Now about to publish *After the Fall* (Crown), her second autobiography in eleven years, she's revealed to the world even more of her foibles and failures. Indeed, her readiness to embrace her own imperfections has kept this so-called dumb blond firmly in the public eye and made her immensely popular. Not to mention very rich.

As she sees it, the secret to her success is simple. "Even if I wasn't the most beautiful one, everyone could tell they'd have the most fun with me on the set," she says, explaining why she was catapulted with little acting experience into a starring role in *Three's Company*.

Her fun factor was sufficient to get her profiled on *60 Minutes*. In one year, she was featured on the covers of more than fifty magazines. As the series' ratings grew, so did her confidence and, by some accounts, the seeds of her own destruction: She worked on the network's most profitable comedy, so she figured she deserved a raise. A big one—from $30,000 an episode to $150,000. The producers figured differently, and wrote her out of the show.

It wasn't the first hardship Somers had faced. She was one of the first celebrities to admit she *(continued)*


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SUZANNE [illegible]

grew up in San Bruno, ten miles [illegible]. Somers attended all-girl Catholic [illegible] teen and married her boyfriend, but she admits that the marriage ended when she was caught having an affair with her forty-seven-year-old high-school drama teacher. She and her son, Bruce, now thirty-three, moved to a small apartment in Sausalito.

Not exactly the best place to launch an acting career. But Somers had a tenacity that still serves her well today.

"I was as low as I could go," she says, "and I wanted to live a better life. I always knew what the good china was. I had class."

She signed up with a modeling agency and got a job with the American Walnut Association: They asked her to dress as a squirrel and pass out nuts. She worked as a waitress, movie extra and stand-in. It was hard to make ends meet, and she started to write checks for money she didn't have. Finally, she was arrested (although the charges were dropped when she paid back the money). "I lived on the edge. I played games. I was not in reality," she says.

Then she won a one-day spot as one of the leggy blonds who pointed out the prizes on *The Anniversary Game*. Something important happened that day: She met the host, Alan Hamel, now her manager, to whom she's been married for twenty-one years. But there was a problem. Hamel was married and had two children. "I was his sexual plaything at first," Somers admits.

She talks about all this without betraying any bitterness. "I was the [illegible] married man's girlfriend. I [illegible] up at his doorstep," she says. "But somewhere along the road, Alan saw who I was before I did. He believed in me before anybody else did." He got divorced, and he and Somers married in 1977.

But the moment she met Hamel, Somers, who was introduced to Hollywood after she wrote a book of poetry and won a small but pivotal role in the film *American Graffiti*, flew to Los Angeles to try out for a TV role. In the network's commissary she met Johnny Carson.



Somers with her *Three's Company* co-stars John Ritter and Joyce DeWitt

"I think I've surprised people with my business sense," says Somers, whose ThighMaster empire has raked in $40 million

She sent him her book of poetry. "That was Wednesday," she recalls. "Friday I was on *The Tonight Show*." She returned to the show a few times and there a producer spotted her and put her in *Three's Company*.

Somers talks frankly about the less-than-stellar details of her early years—her dishonesty, her abortion during her affair with Hamel, her *Playboy* pictorials (twice—first during the height of *Three's Company*, then during her decline in 1984). By being self-critical, she removes a potential weapon from her detractors. And as the teller of her own tales, she gains a kind of control.

"I have a career like nobody else's," she says, speaking of her life today. And she's right. Since *Three's Company*, she's started a foundation to study the effects of alcoholism on families, written a best-selling diet book and released a fitness video. She still tours with her nightclub act. And then there's her lucrative business—more than $40 million—from manufacturing and selling ThighMasters and ButtMasters.

If people used to think of her as a bubblehead, she says, "I think I've surprised them with my business sense." And her relentless optimism.

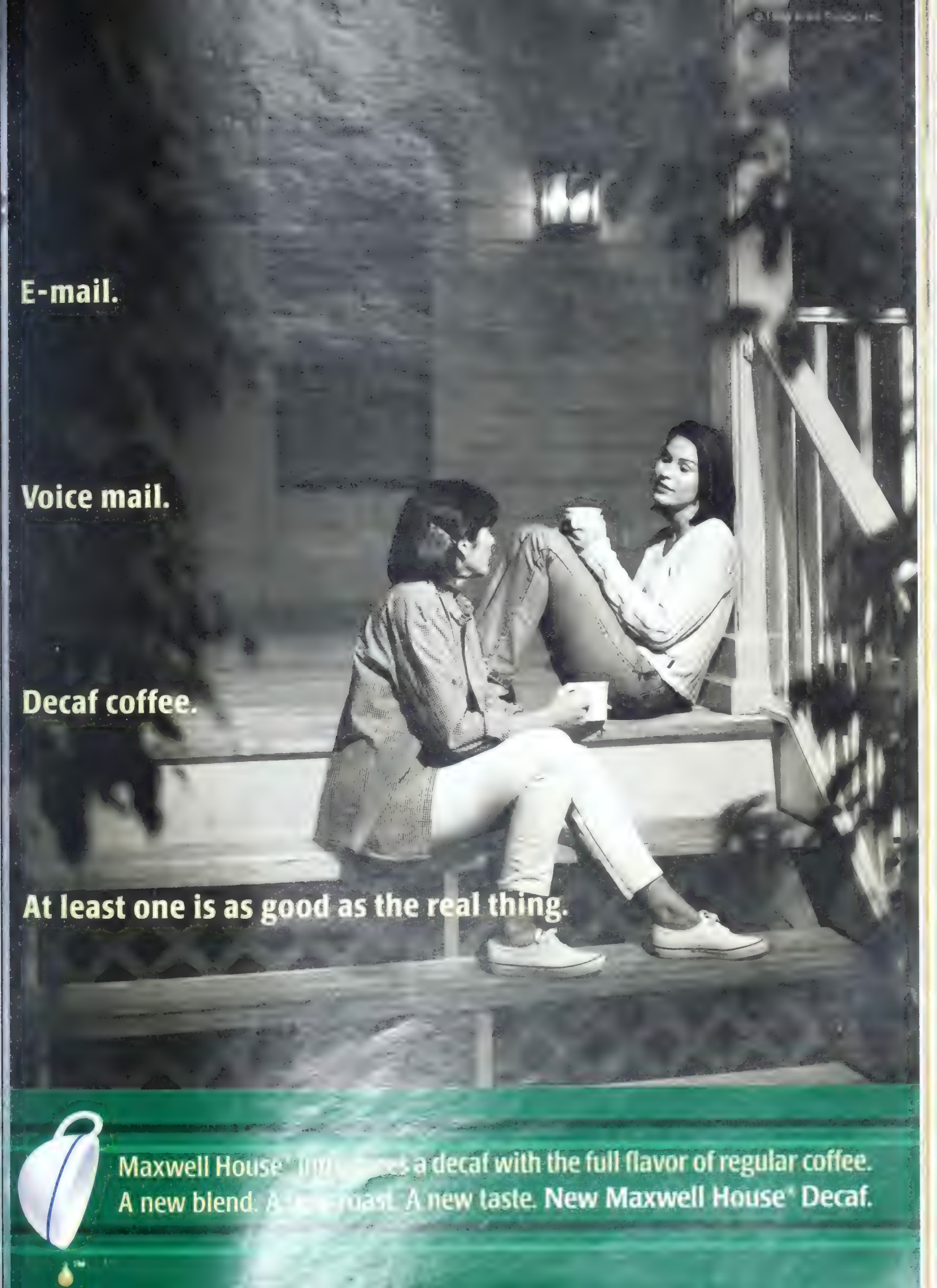
"My children call me Rosie because no matter what happens, I say, 'Well, you know, the good thing about that is. . . .' And my son says, 'You always say that! Can't I just wallow in the luxury of feeling sorry for myself for a while?' "

Well, wallow she won't, nor will she suffer because the world doesn't regard her as an A-list actress with a serious career. Despite appearing in TV movies (*Devil's Food, Seduced by Evil*), mini-series (*Hollywood Wives*), series (*She's the Sheriff* and *Step by Step*), starring in her own short-lived talk show, and her current gig as the co-host of the revamped *Candid Camera*, Somers has never been in anything as successful as *Three's Company*. "I don't care anymore. Here's my world," she says, indicating her peaceful, if messy, hideaway.

But then she gets a dreamy look in her eye. She just has this feeling that someday she might hit the very top again. Hasn't she learned that what goes up must come down? "Yes," she says. "But I'll never fall as hard as I did before. I've diversified. I'm a corporation." •

Jamie Diamond, a freelance writer in Los Angeles, writes for The New York Times.

For a special offer on Suzanne Somers's "After the Fall," see page 196.


E-mail.
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Decaf coffee.
At least one is as good as the real thing.
Maxwell House
a decaf with the full flavor of regular coffee.
A new blend.
roast.
A new taste.
New Maxwell House
Decaf.



Advice for the wounded weekend warrior

You're playing a tough game of tennis, when suddenly you twist your ankle. You R_x for the pain: ice, rest and a few aspirin. But when your foot swells up overnight, you wonder whether you should have dashed to the doctor. While hor remedies are fine for minor injuries, you must first rule out a serious problem. According to Lisa Callahan, M.D., medical director of the Women's Sports Medicine Center at the Hospital for Special Surgery, in New York City, here are some signs that you need to seek medical help. —Anna Rouf

THE SIGN: You hear a popping sound as the injury occurs and/or have significa swelling—for example, your knee is suddenly the size of a grapefruit.
THE POSSIBLE PROBLEM: A fracture, a ruptured muscle or tendon or torn ligament—all serious injuries.

THE SIGN: You have significant bruising—the area turns purple within an hour.
THE POSSIBLE PROBLEM: A muscle or tendon injury or a fracture. A bruise indicates some bleeding under the skin.

THE SIGN: The injured part can't bear weight (you can't take even four steps).
THE POSSIBLE PROBLEM: A fracture or torn ligament.

THE SIGN: Constant pain that gets worse with activity.
THE POSSIBLE PROBLEM: A repetitive strain injury or stress fracture, both of which leave you vulnerable to more serious injury. Anytime pain lasts more than three days, see a doctor.

In a recent survey, about half of female doctors who are postmenopausal said they take hormone replacement therapy (HRT), compared to just a quarter of the rest of us. Why? Perhaps they know HRT can protect against heart disease—the number-one killer in the U.S.

GOT CALCIUM? THINK ZINC

You know you should get plenty of calcium to protect your bones. But did you know doing so could jeopardize your zinc level, which is critical for a strong immune system? So say two recent studies from the U.S. Department of Agriculture's Human Nutrition Center on Aging at Tufts University, in Boston.

The first study found that zinc absorption dropped from 13 percent to 2 percent or lower when postmenopausal women increased their calcium intake from 890 mg to 1,358 mg a day (from food or a supplement). The second study saw zinc levels plummet in men and women aged twenty-one to sixty-nine who took a 600 mg calcium pill. But don't cut calcium. Instead, researchers suggest getting about 15 mg of zinc a day from a multivitamin with zinc, or by eating seafood, liver, meat or eggs. —A.R.



Are Mall Medical Tests Reliable?

In today's fast-paced world you can have a mammogram and get your cholesterol level checked while you're at the mall to shop, either at a discounted fee or for free. But are you saving time and money or wasting both because the test results are questionable?

"Many of the tests are reliable," says Melvin Pinn, M.D., a family physician in Charlotte, North Carolina. Just be sure the test is administered by a doctor, nurse or other health-care worker, or sponsored by a medical group such as the American Heart Association. Even mall mammograms are generally trustworthy, but be sure to select a testing facility that will send the results to your doctor. However, steer clear of the finger-prick cholesterol test, which is less dependable than a fasting blood test (the former doesn't break down HDL, LDL and triglycerides to determine heart-disease risk).

Also remember: "While a test can indicate whether you have a particular warning sign of disease, only your doctor can actually give a diagnosis and prescribe treatment," says Pinn. —Rebecca Norris

THE BEST WAY TO STOP SUFFERING IS DON'T START!

Getting relief from allergies sure beats being miserable, but you can do even better. You can flat-out *prevent* allergies. All you need is a bottle called Nasalcrom®.

Nasalcrom is not an antihistamine and it's not a decongestant. It is a nasal spray, but totally unlike the sprays that came before. In fact, Nasalcrom is totally unlike *anything* that came before.

The only medication that prevents allergies*.

Allergies erupt when the natural defenses in your nose go haywire. Nasalcrom works by *preventing* this over-reaction, relieving your symptoms as it gradually builds up protection.

**Among medications you can buy without a prescription.*



Within a week you're reacting like a person with no allergies. You don't sneeze, you don't get stuffed-up, you don't get that itchy, runny nose. You just enjoy life.

All this with a product that's easy and pleasant to use. One gentle spray in each nostril when you get up, one around noon, one before bed–that's all it takes.

No drowsiness or other nasty side effects.

Since Nasalcrom works right where your problem is–in your nose–you needn't worry about it messing up the rest of your system. There's no drowsiness, no jitters, no dependency, no interaction with other drugs. It's so safe you can buy it without a prescription, at full prescription strength. And you can keep on using it throughout the whole allergy season.

Individual results may vary.
Use only as directed.

ALLERGY PREVENTION PURE AND SIMPLE.

For more information about Nasalcrom and allergies, call 1-888-345-STOP (1-888-345-7867)



30 DAYS TO A BETTER BODY

From couch potato to bathing beauty—a serious plan to get you in shape before swimsuit season By Daryn Eller

In spring, a woman's fancy turns to lighter, skimpier clothes—and inevitably, she wants the body to go with them. So, with summer fast approaching, we offer this one-month fitness program to help you slim down and tone up. Designed by Beth Rothenberg, a Los Angeles–based trainer who teaches at the UCLA extension fitness instructor program, it has an aerobic, calorie-burning component and a strengthening, muscle-toning one. Rothenberg has divided the aerobic part into three ten-day segments to give you variety and new challenges to conquer. Most of all, though, the month's workouts—along with nutrition advice from Dallas nutrition consultant Neva Cochran, R.D., and motivational tips—are intended to point you in the right direction so that you stay active, not just for the month of May, but for years to come.

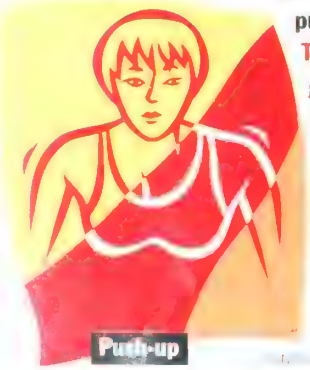
Important note: Before you begin each aerobic and strengthening workout, warm up your muscles. Walk easily for three to five minutes, then follow up with at least two stretches (see page 100). Repeat the process after you exercise to help your heart rate return to normal and to keep your

MAY 1 **FITNESS ASSIGNMENT** **Begin aerobic segment #1: Walk for 20 minutes. Don't worry about speed or mileage—just move at a pace you can hold for the duration.**


Squat

TAKE A TIP Fitness walking is not like taking an afternoon stroll. The proper form: head up, eyes looking ahead, shoulders back and relaxed, chest out, tailbone slightly tucked under. Keep stride short and swing arms (elbows bent). As you walk, make sure your heel strikes the pavement first; then push off with the ball of your foot.

MAY 2 **FITNESS ASSIGNMENT** **Repeat the May 1 walking workout. Add strength training as part of your routine: 1 set push-ups and 1 set squats (see page 106).**


Push-up

TAKE A TIP Do a shoe check. You need a good pair specifically designed for walking, with heavy, cushioned soles and arch supports. Don't wear any old pair of sneakers or running shoes; the former may not provide enough support, and the latter are not flexible enough through the instep.

MAY 3 **FITNESS ASSIGNMENT** **Repeat May 1 walking workout.** *(continued)*



Remarkable.

The American
Medical Women's
Association
has accepted
supplements for
your health for the
first time in its history.
We're very happy
to exclaim,
those supplements
come from
Nature Made.



Nature Made
Trusted by the ones you trust.



TAKE A TIP Appraise the rest of your exercise clothing. Anything goes, as long as it provides freedom of movement. And because exercising generates body heat, wear lighter clothing than the outdoor temperature would warrant for normal activity.

MAY 4 **FITNESS ASSIGNMENT** **Repeat the May 2 strength-training workout. Add 1 set lower-abdominal crunches and 1 set back extensions (see page 106).**

TAKE A TIP Safety counts. Walk against traffic whenever possible and note phones or call boxes along your route.

MAY 5 **FITNESS ASSIGNMENT** **Walk for 22 minutes. Continue at the same pace you have established.**

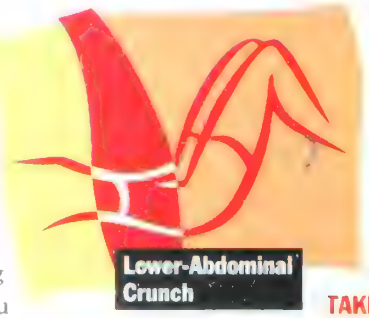
TAKE A TIP While it's possible to lose weight through exercise alone, for quickest results, you also need to watch what you eat. So start keeping a daily dietary journal to put your food habits in perspective. Write down what and when you eat each day.

MAY 6 **FITNESS ASSIGNMENT** **Repeat the May 4 strength-training workout.**

TAKE A TIP Begin lining up friends who will accompany you on your walks—it makes staying motivated much easier.

MAY 7 **FITNESS ASSIGNMENT** **Walk for 24 minutes.**

TAKE A TIP Resolve to fit fitness into your everyday activities. Try to take only the stairs (instead of elevators or escalators); park at the far end of parking lots; walk rather than drive to do errands whenever you can. Just by moving around more, you can burn from 100 to 800 additional calories a day.



MAY 8 **Free day.**

MAY 9 **FITNESS ASSIGNMENT** **Walk for 28 minutes. Repeat the May 4 strength-training workout.**

TAKE A TIP If you feel your motivation flagging, try this trick: Tell yourself you'll walk for ten minutes, and then if you still don't feel like exercising, you'll quit without feeling guilty about it. Chances are, when you hit the ten-minute mark, you'll be energized and want to continue.

MAY 10 **(HAPPY MOTHER'S DAY!) FITNESS ASSIGNMENT** **Cross-train (a fancy way of saying vary your activity) today by doing something fun. A few options: • Ride a bike for one hour through the park. • Play basketball in the driveway or hit a tennis ball against the garage for a half hour. • In-line skate for 30 minutes. • Rent a canoe or kayak and take it for a half-hour spin on a lake.**

TAKE A TIP By now your muscles may be feeling a bit sore, so try this restorative yoga pose: Lie on the floor with two pillows under the small of your back and two under your head so that your back arches slightly but without strain. Place your legs straight out in front of you, or pull the soles of your feet together and let your knees fall to the side. Enjoy the gentle stretch as you breathe deeply for five minutes.

MAY 11 **FITNESS ASSIGNMENT** **Begin aerobic segment #2. Walk for 30 minutes with 1:3 intervals (after your warm-up, walk at a brisk pace for 10 minutes. To begin the interval training, speed up for 1 minute, then return to a brisk pace for 3 minutes. Repeat the intervals 1 to 4 times. End the routine by walking briskly until the 30 minutes are up). Measure the distance you walked by noting a landmark (a certain tree or house, for instance). Your goal now is to build distance (and expend more calories) by increasing your speed. Aim to walk at 4 mph (brisk), or to cover 2 miles in the 30 minutes.**

TAKE A TIP The more you work out, the more fluid you naturally lose. To stay hydrated, drink at least eight 8-ounce glasses of water a day, including 4 to 8 ounces fifteen minutes before walking and 8 ounces when you finish.

MAY 12 **FITNESS ASSIGNMENT** **Repeat the May 4 strength-training workout, increasing to two sets for each exercise. Add 1 set each biceps curls and triceps dips (see page 106).**

TAKE A TIP Cutting fat from your diet—which is necessary to speed weight loss—isn't so hard if you do it gradually. Review your first week's food diary and identify one fatty item you can eliminate. For instance, stop buttering your bread; nosh pretzels not chips; spread sandwiches with mustard instead of mayo. Eliminate another fatty item once a week for the rest of the month.

MAY 13 **FITNESS ASSIGNMENT** **Walk for 35 minutes, including intervals. Note your distance.**

TAKE A TIP Are your workout times working out? If you find you're missing sessions late in the day, you might try getting up earlier: More people stick with morning workouts because it's less likely something will come up and get in the way.

MAY 14 **Free day.**

(continued on page 105)

Stretches

HAMSTRING STRETCH **Stand straight with left heel up on a step or on the seat of a chair. Put hands on hips and slowly bring upper body toward left shin, keeping back flat. Hold for 10 to 30 seconds; repeat on the other side.**

BACK, CHEST AND SHOULDERS STRETCH **Stand straight a few feet in front of a wall. With knees slightly bent, bend at the hips a full 90 degrees, keeping back flat, and place your hands on the wall. If you can, straighten legs for more stretch. Hold for 10 to 30 seconds.**

ook Ma. Still no cavities.

Research shows you'll live to see the day when elastic waistband pants make you happy. And since you now have a longer life expectancy, why shouldn't your teeth? That's why while you've been getting older and smarter, so has Crest®.

They've made it possible to be cavity-free from one checkup to the next, (already they've helped prevent over 400 million cavities)* thanks in part to years of work with dental care for seniors. Like sponsoring student scholarships, programs and research in geriatric dentistry.

Which is good for all of us. Because some day *you'll* be sporting the swimming cap. And Crest wants you to have a killer smile to go with it Crest



Wrinkles? Brown Spots? Roughness?

Ask Your Dermatologist About Renova, From The Makers Of Retin-A.

RENOVA WORKS.

Renova is unlike any other anti-aging or anti-wrinkle cream. It is a prescription cream that is proven to work.

Because Renova is a prescription wrinkle cream, you won't find it on any cosmetic shelf, you'll need to see your doctor. And while it won't work overnight, if you follow a total skin care program, it can work for you.

HOW RENOVA AND RETIN-A ARE THE SAME. AND DIFFERENT.

Renova is a rich emollient cream whose active ingredient is a vitamin A derivative like the one naturally occurring in your body. It's called Tretinoin. The same active ingredient in Retin-A.

But while Retin-A is formulated for acne-prone skin, Renova is a rich emollient cream developed to treat lines, wrinkles, brown spots, and surface roughness. Leaving your skin with a smoother texture and a rosier glow.

Renova works deep at the cellular level to increase collagen. That's how researchers believe Renova reduces signs of aging.

Like other prescription medications, Renova has been tested for safety and effectiveness. While it will not *repair* sun damaged skin or *reverse* the aging process, it is proven to *reduce* wrinkles, *fade* brown spots, and *smooth* roughness.

When you use Renova, you can expect to experience some redness, itching, or flaking. This is most often mild, and most common when treatment is started. Soon your skin will become softer and smoother, with a rosier glow. When using Renova, or any other anti-wrinkle cream, you should limit exposure to the sun and always use a sunscreen.

Renova is a dermal irritant. Results of use beyond 48 weeks have not been established in controlled clinical trials. Some people using Renova longer have shown evidence of atypical skin changes, the significance of which is unknown. Clinical trials in those over 50 or with moderately or heavily pigmented skin have not been conducted.

Call today for your FREE information kit and $10 savings.

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Wrinkles and Fine Lines

Before



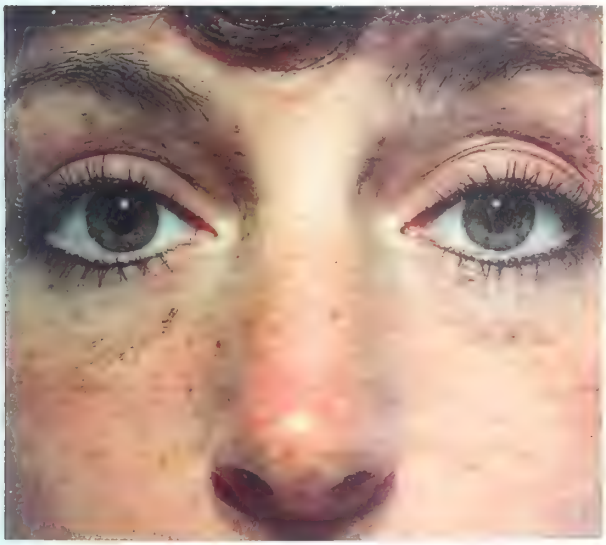
After



While no cream will completely eliminate wrinkles, Renova is the only prescription cream proven to reduce wrinkles and fine lines. Unlike over-the-counter wrinkle creams which simply exfoliate the surface layer of your skin, Renova works deep at the cellular level. That's why researchers believe Renova increases collagen to reduce signs of aging.

Brown Spots

Before



After



Renova is proven to reduce and fade brown spots. Brown spots will begin to fade and the fine lines around your eyes and mouth start to disappear after only 2 or 3 months.

RENOVA®



(tretinoin emollient cream) 0.05%

All before-and-after photographs are completely unretouched. Results are after 12 weeks treatment with Renova and a good skin care program, including sun protection. Individual results may vary.

RENOVA®

(TRETINOIN EMOLLIENT CREAM)

0.05%

FOR TOPICAL USE ON THE FACE ONLY

Brief Summary

IMPORTANT NOTE — This information is a **BRIEF SUMMARY of the complete prescribing information** provided with the product and therefore **should not be used as the basis for prescribing the product. This** summary was prepared by deleting **from the complete prescribing information certain text, tables, and** references. The physician **should be thoroughly familiar with the complete prescribing information before** prescribing the product.

INDICATIONS AND USAGE:

RENOVA (tretinoin emollient cream) 0.05% is indicated as an adjunctive agent (see second bullet point below) for use in the mitigation (palliation) of fine wrinkles, mottled hyperpigmentation, and tactile roughness of facial skin in patients who do not achieve such palliation using comprehensive skin care and sun avoidance programs alone (see bullet point 3 for populations in which effectiveness has not been established). **RENOVA DOES NOT ELIMINATE WRINKLES, REPAIR SUN DAMAGED SKIN, REVERSE PHOTOAGING, or RESTORE A MORE YOUTHFUL or YOUNGER DERMAL HISTOLOGIC PATTERN.** Many patients achieve desired palliative effects on fine wrinkling, mottled hyperpigmentation, and tactile roughness of facial skin with the use of comprehensive skin care and sun avoidance programs including sunscreens, protective clothing, and emollient creams **NOT** containing tretinoin.

- RENOVA has demonstrated NO MITIGATING EFFECT on significant signs of chronic sun exposure such as coarse or deep wrinkling, skin yellowing, lentigines, telangiectasia, skin laxity, keratinocytic atypia, melanocytic atypia, or dermal elastosis.
- RENOVA should be used under medical supervision as an adjunct to a comprehensive skin care and sun avoidance program that includes the use of effective sunscreens (minimum SPF of 15) and protective clothing when desired results on fine wrinkles, mottled hyperpigmentation, and roughness of facial skin have not been achieved with a comprehensive skin care and sun avoidance program alone.
- The effectiveness of RENOVA in the mitigation of fine wrinkles, mottled hyperpigmentation, and tactile roughness of facial skin has not been established in people greater than 50 years of age OR in people with moderately to heavily pigmented skin. In addition, patients with visible actinic keratoses and patients with a history of skin cancer were excluded from clinical trials of RENOVA. Thus the effectiveness and safety of RENOVA in these populations are not known at this time. (See **WARNINGS** section.)
- Neither the safety nor the effectiveness of RENOVA for the prevention or treatment of actinic keratoses or skin neoplasms has been established.
- Neither the safety nor the efficacy of using RENOVA daily for greater than 48 weeks has been established, and daily use beyond 48 weeks has not been systematically and histologically investigated in adequate and well-controlled trials. (See **WARNINGS** section.)

CONTRAINDICATIONS:

This drug is contraindicated in individuals with a history of sensitivity reactions to any of its components. It should be discontinued if hypersensitivity to any of its ingredients is noted.

WARNINGS

- RENOVA is a dermal irritant, and the results of continued irritation of the skin for greater than 48 weeks are not known. There is evidence of atypical changes in melanocytes and keratinocytes, and of increased dermal elastosis in some patients treated with RENOVA for longer than 48 weeks. The significance of these findings is unknown.
- Safety and effectiveness of RENOVA in individuals with moderately or heavily pigmented skin have not been established.

- RENOVA should not be administered if the patient is also taking drugs known to be photosensitizers (e.g., thiazides, tetracyclines, fluoroquinolones, phenothiazines, sulfonamides) because of the possibility of augmented phototoxicity.
- Safety and effectiveness of RENOVA in individuals older than 50 years of age have not been established.

This product should only be used under medical supervision as part of a comprehensive skin care and sun avoidance program. (See **INDICATIONS AND USAGE** section.) It should only be applied before retiring at night. Because of heightened burning susceptibility, exposure to sunlight (including sunlamps) should be avoided or minimized during use of RENOVA. Patients must be warned to use sunscreens (minimum SPF of 15) and protective clothing when using RENOVA. Patients with sunburn should be advised not to use RENOVA until fully recovered. Patients who may have considerable sun exposure due to their occupation and those patients with inherent sensitivity to sunlight should exercise particular caution when using RENOVA and assure that the precautions outlined in the Information for Patients subsection are observed.

RENOVA should be kept out of the eyes, mouth, angles of the nose, and mucous membranes. Topical use may cause severe local erythema, pruritus, burning, stinging, and peeling at the site of application. If the degree of local irritation warrants, patients should be directed to use less medication, decrease the frequency of application, discontinue use temporarily, or discontinue use altogether.

Tretinoin has been reported to cause severe irritation on eczematous skin and should be used only with utmost caution in patients with this condition.

Application of larger amounts of medication than recommended will not lead to more rapid or better results, and marked redness, peeling, or discomfort may occur.

PRECAUTIONS:

General: RENOVA should only be used as an adjunct to a comprehensive skin care and sun avoidance program (see **INDICATIONS AND USAGE** section.)

If a [illegible] chemical irritation, or a systemic adverse reaction develops, use of RENOVA should be discontinued.

Weather extremes, such as wind or cold, may be more irritating to patients using RENOVA.

Information for Patients: A patient information leaflet has been prepared and is included with each package of RENOVA. Patients should be instructed:

- That RENOVA is [illegible] preparation and should be applied only as an adjunct to a comprehensive skin care and sun avoidance program.
- Never to use more RENOVA than instructed and never use RENOVA more often than instructed as application of larger amounts of medication than recommended will not lead to more rapid or better results, and marked redness, peeling, or discomfort may occur.
- Only to apply RENOVA before retiring at night.
- To use a sunscreen with a minimum SPF of 15 during the day when being treated with RENOVA. Following discontinuation of RENOVA, continued avoidance of the sun and use of a sunscreen with a minimum SPF of 15 is recommended.
- To avoid direct sun exposure as much as possible whenever using RENOVA, and to avoid sunlamps totally while using RENOVA.
- NOT to use RENOVA if pregnant or attempting to become pregnant or at high risk of pregnancy.
- NOT to use RENOVA if sunburned or if the patient has eczema or other chronic skin condition(s).
- NOT to use RENOVA if also taking other drugs that increase sensitivity to sunlight.
- To use RENOVA with caution if also using other topical agents with a strong skin drying effect, products with high concentrations of alcohol, astringents, spices or lime, medicated soaps or shampoos, permanent wave solutions, electrolysis, hair depilatories or waxes, or other preparations or processes that might dry or irritate the skin, unless otherwise instructed by their health care practitioner.
- To discontinue use of RENOVA and consult their health care provider if sensitivity or increased chemical irritation occurs.
- That a majority of patients will lose most mitigating effects on fine wrinkles, mottled hyperpigmentation, and facial tile roughness of facial skin with discontinuation of a comprehensive skin care and sun avoidance program including RENOVA, however, the safety and effectiveness of using RENOVA daily for greater than 48 weeks have not been established.
- That most of the improvement noted with RENOVA is seen during the first 24 weeks of therapy. Thereafter therapy primarily maintained the improvement realized during the first 24 weeks.

Drug Interactions: Concomitant topical medications, medicated or abrasive soaps, shampoos, cleansers, cosmetics with a strong drying effect, products with high concentrations of alcohol, astringents, spices or lime, permanent wave solutions, electrolysis, hair depilatories or waxes, and products that may irritate the skin should be used with caution in patients being treated with RENOVA because they may increase irritation with RENOVA.

RENOVA should not be administered if the patient is also taking drugs known to be photosensitizers (e.g., thiazides, tetracyclines, fluoroquinolones, phenothiazines, sulfonamides) because of the possibility of augmented phototoxicity.

Carcinogenesis, Mutagenesis, Impairment of Fertility: In a life-time dermal study in CD-1 mice, at 100 to 200 times the average recommended human topical clinical dose, a few skin tumors in the female mice and liver tumors in male mice were observed. The biological significance of these findings is not clear because they occurred at doses that exceeded the dermal maximally tolerated dose (MTD) of tretinoin and because they were within the background natural occurrence rate for these tumors in this strain of mice. There was no evidence of carcinogenic potential when tretinoin was administered topically at a dose 5 times the average recommended human topical clinical dose. For purposes of comparisons of the animal exposure to human exposure, the "recommended human topical clinical dose" is defined as 500 mg of 0.05% RENOVA applied daily to a 50 kg person.

In a chronic, two-year bioassay of Vitamin A acid in mice performed by Tsubura and Yamamoto, generalized mucoid deposition was reported in all groups in the basal layer of the Vitamin A treated skin. In CD-1 mice, a similar study reported hyalinization at the treated skin sites and the incidence of this finding was 0/50, 3/50, 3/50, and 2/50 in male mice and 1/50, 0/50, 4/50, and 2/50 in female mice from the vehicle control, 0.25 mg/kg, 0.5 mg/kg, and 1 mg/kg groups, respectively.

Studies in hairless albino mice suggest that tretinoin may enhance the tumorigenic potential of carcinogenic doses of UVB and UVA light from a solar simulator. In other studies, when lightly pigmented hairless mice treated with tretinoin were exposed to carcinogenic doses of UVB light, the incidence and rate of development of tumors were either reduced or no effect was seen. Due to significantly different experimental conditions, no comparison of these disparate data is possible at this time. Although the significance of these studies to humans is not clear, patients should minimize exposure to sun.

The mutagenic potential of tretinoin was evaluated in the Ames assay and in the *in vivo* mouse micronucleus assay, both of which were negative.

Dermal Segment I and III studies with RENOVA have not been performed in any species. In oral Segment I and Segment III studies in rats with tretinoin, decreased survival of neonates and growth retardation were observed at doses in excess of 2 mg/kg/day (>400 times the average recommended human topical clinical dose).

Pregnancy:

Teratogenic effects: Pregnancy Category C.

ORAL tretinoin has been shown to be teratogenic in rats, mice, rabbits, hamsters, and subhuman primates. It was teratogenic and fetotoxic in rats when given orally in doses 1000 times the average recommended human topical clinical dose. However, variations in teratogenic doses among various strains of rats have been reported. In cynomolgus monkey, which, metabolically, is closer to humans for tretinoin than the other species examined, malformations were reported at doses of 10 mg/kg/day or greater, but none were observed at 5 mg/kg/day (10 times the average recommended human topical clinical dose), although increased skeletal variations were observed at all doses. A dose-related increased embryolethality and abortion was reported. Similar results have also been reported in pigtail macaques.

TOPICAL tretinoin in animal teratogenicity tests has generated equivocal results. There is evidence for teratogenicity (shortened or kinked tail) of topical tretinoin in Wistar rats at doses greater than 1 mg/kg/day (200 times the recommended human topical clinical dose). Anomalies (humerus: short 13%, bent 6%, os parietal incompletely ossified 14%) have also been reported when 10 mg/kg/day was dermally applied.

There are other reports in New Zealand White rabbits with doses of approximately 80 times the recommended human topical clinical dose of an increased incidence of domed head and hydrocephaly, typical of retinoid induced fetal malformations in this species.

In contrast, several well-controlled animal studies have shown that dermally applied tretinoin was not teratogenic at doses of 100 and 200 times the recommended human topical clinical dose, in rats and rabbits, respectively.

With widespread use of any drug, a small number of birth defect reports associated temporally with the administration of the drug would be expected by chance alone. Thirty cases of temporally-associated congenital malformations have been reported during two decades of clinical use of another formulation of topical tretinoin (Retin-A). Although no definite pattern of teratogenicity and no causal association has been established from these cases, 5 of the reports describe the rare birth defect category holoprosencephaly (defects associated with incomplete midline development of the forebrain). The significance of these spontaneous reports in terms of risk to the fetus is not known.

Non-teratogenic effects:

Dermal tretinoin has been shown to be fetotoxic in rabbits when administered in doses 100 times the recommended topical human clinical dose. Oral tretinoin has been shown to be fetotoxic in rats when administered in doses 500 times the recommended topical human clinical dose.

There are, however, no adequate and well-controlled studies in pregnant women. RENOVA should not be used during pregnancy.

Nursing Mothers: It is not known whether this drug is excreted in human milk. Because many drugs are excreted in human milk, caution should be exercised when RENOVA is administered to a nursing woman.

Pediatric Use: Safety and effectiveness in patients less than 18 years of age have not been established.

Geriatric Use: Safety and effectiveness in individuals older than 50 years of age have not been established.

ADVERSE REACTIONS:

(See **BOXED WARNING, WARNINGS,** and **PRECAUTIONS** sections.)

In double-blind, vehicle-controlled studies involving 179 patients who applied RENOVA to their face, adverse reactions associated with the use of RENOVA were limited primarily to the skin. During these trials, 4% of patients had to discontinue use of RENOVA because of adverse reactions. These discontinuations were due to skin irritation or related cutaneous adverse reactions.

Local reactions such as peeling, dry skin, burning, stinging, erythema, and pruritus were reported by almost all subjects during therapy with RENOVA. These signs and symptoms were usually of mild to moderate severity, generally occurred early in therapy. In most patients the dryness, peeling, and redness recurred after an initial (1 week) decline.

OVERDOSAGE:

Application of larger amounts of medication than recommended will not lead to more rapid or better results, but marked redness, peeling, or discomfort may occur. Oral ingestion of the drug may lead to the same side effects as those associated with excessive oral intake of Vitamin A.

Caution: Federal law prohibits dispensing without prescription.

DERMATOLOGICAL DIVISION
ORTHO PHARMACEUTICAL CORPORATION
Raritan, New Jersey 08869

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Continued from page 100

MAY 15 FITNESS ASSIGNMENT Walk for 40 minutes, including intervals. Note your distance.

TAKE A TIP You're at the halfway point—time to recognize your accomplishment. A fanny pack with a built-in water-bottle holder, for instance, is a terrific investment in your continued commitment.

MAY 16 FITNESS ASSIGNMENT Repeat the May 12 strength-training workout. Take advantage of the weekend by going for a hike with your husband or a friend, or just take a long stroll without worrying about your time or distance.

TAKE A TIP To keep your energy up, listen to music while you walk. Researchers at Springfield College, in Massachusetts, found that men and women who rode stationary bikes while listening to music rode 25 to 29 percent longer than those who pedaled in silence.

MAY 17 FITNESS ASSIGNMENT Walk for 45 minutes, including intervals. Note your distance.

TAKE A TIP The primary fuel for working muscles is carbohydrates. Aim for at least six servings of grain foods, three servings of vegetables and two servings of fruit daily.

MAY 18 FITNESS ASSIGNMENT Repeat May 16 strength-training workout, but do two sets of biceps curls and triceps dips.

TAKE A TIP Your exercise efforts are probably beginning to show on the scale and in the mirror. Speed weight loss along by keeping food portion sizes in check (many people eat larger servings than what is considered standard). When in doubt, read food package labels.

MAY 19 FITNESS ASSIGNMENT Hold walking at 45 minutes, including intervals. Note your distance. By now you should be up to four 1:3 intervals.

TAKE A TIP While you're getting in shape, why not work on some nagging problems? Researchers at Middlesex University, in England, found that exercisers who exercised for 25 minutes measured higher on creative-thinking tests than their sedentary counterparts. One theory: During exercise the brain relies more on the creative right side and less on the left.


Biceps Curl

MAY 20 Free day.

MAY 21 FITNESS ASSIGNMENT Begin aerobic segment #3. Walk for 45 minutes, including intervals. This week, add hills or stair climbing to your walks, which will boost the number of calories you burn as well as increase leg muscle. Continue your 1:3 intervals. If you feel ready to take on more, switch to 2:4 intervals—2 minutes fast, 4 minutes brisk.

TAKE A TIP Work more fruit into your diet, both for its cancer-fighting antioxidants and as a sweet, low-calorie substitute for higher-calorie foods. Have both a piece of fruit and juice at breakfast; try snacks like a slice of melon or yogurt with a cut-up apple.

MAY 22 FITNESS ASSIGNMENT Repeat the May 18 strength-training workout. Add one set of lunges (see page 106).

TAKE A TIP Keep things interesting. Explore a new workout either by renting a video—check out tai chi chuan, chi gong, yoga—or enrolling in a class at your local rec center or gym.

MAY 23 FITNESS ASSIGNMENT Cross-training day. Consider options from May 10 or: • Take the kids skating. • Spend an hour at a driving range or batting cage. • Do an aerobic exercise video.

TAKE A TIP As May nears its end, the days are getting longer—and hotter. Be sure to drink more water to stay cool.


Triceps Dip

MAY 24 FITNESS ASSIGNMENT Walk for 50 minutes, including intervals and hills/stairs.

TAKE A TIP If you're missing workouts because it's hard to find a single block of time, break things up--a University of Pittsburgh study found that short bursts of exercise can be as effective as longer sessions at burning calories. Walk 15 minutes in the morning, 15 minutes at lunch, *(continued)*

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day. You can also split up your strengthening workouts: Do half in the A.M., half in the P.M.

MAY 25 (MEMORIAL DAY) FITNESS ASSIGNMENT Repeat the May 22 strength-training workout. Spend the rest of the day doing something active: • Fly kites with the kids. • Take a nature walk in a park. • Swim. • Play golf (and walk the course).

TAKE A TIP Go easy on holiday picnic food. Make sure you have healthy options like fat-free whole wheat crackers, baked chips, fresh fruit and cut-up vegetables on hand.

MAY 26 FITNESS ASSIGNMENT Walk for 55 minutes, including intervals and hills/stairs.

TAKE A TIP When you have a relapse of old, inactive habits—and you most certainly will—don't beat yourself up. Just remind yourself of the paybacks exercise offers in terms of weight loss, muscle strength and physical health. Now *that's* motivating!

MAY 27 FITNESS ASSIGNMENT Strength-training workout: Repeat May 22.

BOOSTER SHOT After all those reps, you deserve a massage: Squeeze and knead your calves, quadriceps and hamstrings. Use your thumbs to massage your biceps and triceps, and fingers to squeeze and press into your shoulders and neck. Better yet, enlist a loved one or spring for a pro to give you a rubdown.

MAY 28 FITNESS ASSIGNMENT Walk for 60 minutes, including intervals and hills/stairs. Congratulations! You've hit the 1-hour mark.

TAKE A TIP Eating enough protein is especially critical for exercisers because protein contains amino acids, compounds your body uses to build and repair muscles. Aim for 4 to 6 ounces of lean protein a day—anything from seafood or white-meat poultry without skin to lower-fat red meats, tofu or beans.

MAY 29 FITNESS ASSIGNMENT Repeat the May 22 strength-training workout.

TAKE A TIP If you feel ready for more of a challenge, enroll in a strength-training program at your local Y, or purchase a weight-lifting book.

MAY 30 FITNESS ASSIGNMENT Walk for 60 minutes, including intervals and hills/stairs.

TAKE A TIP Since this is your last walk of the month, take stock: Where do you want to go from here? Keep it interesting by varying your routes or changing the intervals. Consider joining a walking club and, if you can, working up to six walks a week.

MAY 31 FITNESS ASSIGNMENT Bonus day. Do whatever you want!

TAKE A TIP Reward yourself for a job well done. Buy a new pair of high-tech walking shoes or a sports watch that times and stores your



workout duration. Indulge in a fa cial or body scrub treatment. Th goal? To make yourself feel great s you'll be inspired to keep up th good work in June! •

Daryn Eller is a freelance health writer in Santa Barbara, California.

Seven Strengtheners

PUSH-UPS Get down on hands and knees, cross ankles (see photos, page 26). Wrists should be directly below shoulders, back flat, stomach contracted, and weight supported by arms. Bend elbows and lower body to about one inch from the floor (or as close as possible). Raise up; repeat. Do 8 to 12 per set.

SQUATS Stand with feet shoulder-width apart, toes forward, arms at sides. Bend knees as if about to sit down, keeping back straight and raising arms in front for balance. Make sure knees don't extend past ankles, and don't squat so low that thighs drop beneath knees. Do 8 to 12 per set.

LOWER-ABDOMINAL CRUNCHES Lie on back with knees bent 90 degrees and ankles crossed. With arms at sides, squeeze abdominal muscles and bring knees toward head, keeping head on floor. Make the movements slow; don't bounce. Slowly return to starting position. For a set: Do 10, cross ankles in the opposite direction, then do 10 more.

BACK EXTENSIONS Lie on stomach with arms at sides. Place a pillow under hips. In one fluid move, raise head and chest. Hold for one second; lower. Do 15 per set.

TRICEPS DIPS Sit on edge of a chair. Place palms flat on the seat's front edge, fingers forward. Keeping knees bent at 90 degrees and feet flat on the floor, slide forward so that backside is a few inches in front of the seat. Bend elbows (keeping them close to the body) as much as possible, allowing body to "dip." Raise back up and repeat. Do 10 to 12 per set.

BICEPS CURLS Stand straight, feet shoulder-width apart, a 5- to 10-pound weight in each hand, palms facing legs, arms at sides. Keeping elbows close to the body, raise right hand and bring the weight up toward right shoulder, twisting the arm as you go so that the palm faces the shoulder at the end of the movement. Slowly lower, returning arm to starting position. Do 10 to 12 per set. Repeat on the left side.

LUNGES With feet shoulder-width apart, toes forward, arms at sides, place one foot two to three feet in front of the other, front ankle in line with knee. Bend deeply at knees, keeping back straight and vertical. Do 8 to 12 each set. Repeat on the other side.

I wonder sometimes why every woman doesn't do this."

There I was, mother of two, husband breaking his back working jobs. We never saw him. And I was ing a little adult conversation. One night my husband offered ut the kids to bed so I could o a lingerie show at a friend's se. "How much more adult ld you get than a lingerie w," I thought.

The woman who ran the show le it a lot of fun. We played games had our Romance Rating tested. ldn't you know it, I was named ast Romantic."

Then she suggested we try on sleepwear. We turned my friend's ıg room into a fashion show runway. cheered and clapped whenever ieone came out in a new style. When it came time to write up our ers, I was pretty embarrassed. I had noney. That's when I asked the sultant a question I'd been dying sk all night.

ra's exclusive gner fashions e available small to 4X.

"Do you make a lot of money doing this sort of thing?"

"I average almost $800 in profit a ıth, holding two shows a week."

"You only do this twice a week!"

"Actually I set my own hours. I could work more, but I've got three kids at home I could work even less if I wanted."

"Sounds like you work for a great company."

Make your own lingerie everything you'll

"Petra? I don't work for them. This is my own business. They just help me run it. I have a Director who helps me plan my business. The other Consultants are supportive, too. And Petra makes available a lot of the supplies I need, at very low prices and, of course, the lingerie."

"The outfits were so beautiful."

"All of Petra's sleepwear is designed by them. And they offer some great prizes, too."

"Prizes?"

"They sent my husband and me to Australia for a week last summer. This year, it could be Hawaii. You can earn extra cash and fabulous jewelry, too."

"How many women do this?"

"Petra has people in every state, and there are Consultants overseas in Europe and the Far East, too."

"So there must be a lot of competition?"

"No. There are no territories or quotas. Petra handles the deliveries, not me. Plus, they have far and away the best Hostess Program in the country. You saw all the free lingerie Nancy got tonight."

Over 60,000 women have enjoyed the Petra Lingerie Show at their

"I wish I were her."

"You could be her. Not only that, you could easily be me. You could have a show in your home. That could be your Debut Show to make you a Consultant."

"I could never do what you do! Besides, I don't have the money to start my own business."

"You don't need any money. Petra will give you a free $600 kit to get you started; there's none of this doing your first several shows for no profit business. And I'll help with everything else."

The average Petra Hostess earns $140.00 merchandise for just $7!

I was chicken and a little suspicious. I told her, no. But when I got home and talked it over with my husband, I decided to go for it. The next day I called 1-800-PETRA-4U, and a friendly Petra representative told me how to get started.

I was a nervous wreck before my first show. But it went great, and I made over $100 in profit! Now that I've been working my own business for a few months, I wonder sometimes why every woman doesn't do this.

My husband is proud of me. My kids are, too. (Why not? I paid for their Christmas presents out of what I made.) And sometimes, my little girl packs up a tiny suitcase full of doll clothes and announces, "I have a show now."

But you know the best part? I'm proud of me!



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HOME LINGERIE SHOWS

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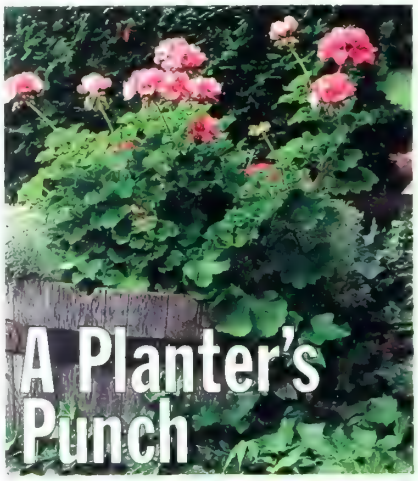


Chris Madden's Solutions

Q I just bought a new chair for my living room. The color and style are okay, but it just looks wrong. What's the problem?

A To put it bluntly, size matters, too. A new piece of furniture needs to be proportional to other pieces in the room. Putting a massive wooden end table next to a diminutive slipper chair, for example, will look unbalanced. Your accessories can be different sizes—say, a tall plant next to a short stack of books—but furniture should always be to scale.

Home Fact *Who's painting the town red? Fewer folks than you'd think. According to a report by Sears Weatherbeater Paint, only 1.4 percent of homeowners select red for their home's exterior. White is most popular (37 percent).*



A Planter's Punch

Want to brighten your balcony or a corner of the yard throughout the summer? Try creating floral designs in planters. Here, Charlie Nardozzi, senior horticulturist for the National Gardening Association, tells how:

Think out of the box. Use unusual items like a wheelbarrow, watering can or an old leather boot as containers, or place planters of different sizes together and terrace them on blocks of varying heights.

Give plants a healthy start. Make sure the container has drain holes, and don't fill bottom with gravel, which decreases air flow to roots. Fill the container within two to three inches of the top with a general-purpose bagged potting mix containing a soil loosener like perlite or vermiculite. Add time-release fertilizer pellets.

Be imaginative with design. Create impact by using one color or kind of plant, or go for variety by combining plants of contrasting shapes and textures. You might even want to put flowers and herbs in the same pot.

—Arricca Elin SanSone

BEFORE & AFTER: SLIP SHOT



Tired of that same old kitchen furniture? Pretty place settings aren't the only way to add variety to your table. Give your chairs a new look by having inexpensive slipcovers made for the chair backs and seat cushions. Cotton ticking looks great for spring.

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memories MILESTONES and miracles

A special Mother's Day report on breast cancer, the disease that every woman has been touched by somehow. Plus, a special way you can honor victims and help find a cure.



AS MOTHER'S DAY APPROACHES, many of us reflect on the women's disease that strikes hardest at our core. It's a time when we think about our mothers, grandmothers, aunts, sisters and friends—those who have battled breast cancer or might still face the battle.

Without a doubt, the disease has had an impact on you or someone you know. It strikes one in eight American women. Some of them find their cancer early, remove it and live for many years. Others are not so lucky. Their disease is so aggressive that it kills despite the best treatment. This year, the American Cancer Society estimates that breast cancer will strike 178,700 women and kill 43,900.

Facing cancer changes not just a woman's body, but her mind as well. Some women say breast cancer has, in some ways, fortified them emotionally. We've chosen three extraordinary stories to celebrate women's courage in battling this disease. Our "memory" is told by Hillary Rodham Clinton, recalling how her mother-in-law, Virginia Kelley, took charge and lived her life as fully as she always had, right to her final week. Our "milestone" is six-year survivor Linda Ellerbee, who says, "Having breast cancer was a clear lesson that this is the only life you get." And our "miracle" is Barbara Bradfield, a California woman with metastatic cancer who, on the brink of giving up, was saved by a breakthrough experimental treatment. While each story is different, all show how breast cancer is fought by the body, the mind and the spirit.

(continued)

REMEMBERING VIRGINIA

By Hillary Rodham Clinton



The last time Bill and I spoke with my mother-in-law was January 5, 1994. Later that night—as she slept—she would succumb to the breast cancer that had dogged her for almost four years.

But breast cancer didn't beat Virginia Kelley that night. No way. As with every adversity she ever faced, she looked her cancer square in the eye, then put on her lipstick and went on with her life.

Virginia Kelley took me by surprise. She took everybody by surprise. I'd never met anyone who rose at four-thirty every morning to put on false eyelashes, who sported a wide gray streak down the middle of her black hair, who worked hard and still found the energy for parties and playing the ponies almost daily.

In many ways, Virginia reflected what's best about America. Born in a four-room, tin-roofed house on a dirt road in rural Arkansas, widowed at twenty-two when she was six months pregnant, she played the cards life dealt her. She lost three husbands by the time she was fifty-one. But she was smart—street-smart, according to her son Roger—and she had unbounded reserves of strength and energy.

The toughest choice she ever made was to leave her infant son Bill with her parents so that she could return to school and become a nurse anesthetist. Although she often found herself pitted against the male-dominated medical profession, she loved her work, and her patients loved her. Virginia Kelley was a feminist, although she never described herself that way.

Bill and I were in law school when I first met Virginia. We could have been from separate planets—she with the exotic makeup and hair, me with my bell-bottom jeans and work shirts. But her love for her son allowed her to put aside her reservations and accept me.

As it turned out, our differences were superficial, and I came to respect and love her for her resilience, persistence and optimism. Not surprisingly, I came to see that many of the things I loved about Bill were qualities inherited from his mother. These were the very qualities that she brought to her battle against breast cancer.

It was August 1990 when Virginia's doctor found the lump in her breast. Two days later she had a radical mastectomy. Despite what became a never-ending bombardment with radiation and chemotherapy treatments, Virginia refused to give in. And for a long time she tried to conceal from Bill and me how sick she was. She kept a sampler by her makeup table that read, "Lord, help me to remember that nothing is going to happen to me today that You and I can't handle."

In the years after her cancer was diagnosed, Virginia went on with her celebration of life. She was a tireless campaign worker. She took special joy in arranging for all eleven of her "Birthday Club" friends to attend Bill's inauguration. She came to visit us often at the White House and at Camp David. And—one of her favorite moments—she rode in Elvis Presley's Stutz automobile. (Her two favorite singers in the world were Elvis Presley and Barbra Streisand.)

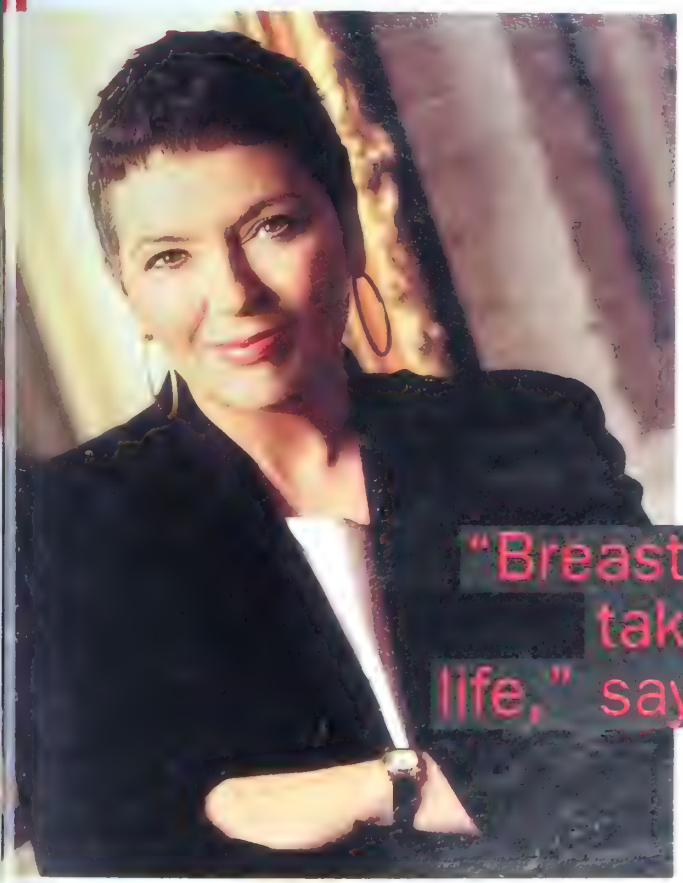
I think of Virginia so often. No matter what life threw her, she rose every morning before dawn. I see so much of her in Bill—warm and generous, optimistic, hopeful, unfailingly tolerant of those with different views and opinions. And in Chelsea, too. Virginia adored Chelsea, and encouraged her to pursue whatever road she chose, to be strong and courageous, a loving and faithful friend.

Virginia was a dedicated friend to the end herself. She was at the MGM Grand in Las Vegas on New Year's Eve, just one week before she died, for Barbra's first public concert tour in twenty-two years. She would be so tickled by Barbra's latest album, *Higher Ground* (Columbia Records), which is dedicated to her. Inside the cover, Barbra writes: "[Virginia was] a great role model for me, an angel on my shoulder, utterly unafraid to show unconditional love, kindness and appreciation to everyone she met." Barbra says the idea for the album was born at Virginia's funeral, after our friend Janice Sjostrand's rendition of the song "On Holy Ground."

When Barbra's friends Marvin Hamlisch and Alan and Marilyn Bergman heard she was doing a new album dedicated to Virginia, they composed a song for her titled after Virginia's autobiography, *Leading with My Heart*

(Simon & Schuster, 1994). When she was young, Virginia loved to sing, and when out for the evening she would just hop onstage to accompany any entertainer. Her idea of heaven would have been joining Barbra for the last verse of "her" song:

Follow what you feel
Anywhere it goes
Believe your heart
Trusting that it knows.
As the dark of night
Will always find the light of day,
List'ning with your heart,
You will hear it say:
"Leading with your heart,
You will find your way."



"Breast cancer freed me to take more chances in my life," says Linda Ellerbee

THE SIX-YEAR MARK

"Since I've had breast cancer, I've paddled two hundred twenty-six miles down the Colorado River through the Grand Canyon," says Linda Ellerbee, an award-winning journalist and best-selling author. "And on my fifty-third birthday, I loaded up my backpack and hiked for four days and nights alone on the Appalachian Trail."

Her daily dose of beauty has "become the tonic to fill my soul," she says. "It's my way to fight the demons that come at three o'clock in the morning, the ones that say you're going to die tomorrow or next week. When you are standing on the top of a mountain at the age of fifty-three, and you've climbed it alone, after losing both of your breasts and having one hell of a scare, you know you are lucky to be alive."

Ellerbee, who grew up in Houston, concedes, "I had no interest in hiking or activities that weren't air-conditioned." That was before cancer struck.

On February 4, 1992, at forty-seven years old, she went to the doctor. "I found a painful lump, but the doctor said if it hurt it probably wasn't cancer." He was wrong. Ellerbee's cancer was found six months later during a mammogram.

"I had a large lump in my left breast and a precancerous spot in my right breast." Her cancer had also spread to her lymph system—an ominous sign. "I opted for a double mastectomy after speaking with several doctors, including Susan Love, a world-renowned breast surgeon." Love performed her surgery, and then Ellerbee underwent intensive chemotherapy that nauseated her. Her hair fell out. The treatment ravaged her well-being for a time, but cancer did not diminish Ellerbee's zest for life. Quite the contrary.

"Breast cancer freed me to take more chances in my life and to make time in my life for beauty," says Ellerbee, author of *And So It Goes* (Berkley Publishing Group, 1987) and *Move On* (HarperPerennial, 1992). "I don't mean my own physical beauty, but the beauty in the world around me."

Initially, Ellerbee had reconstructive surgery, but she got an infection and the implants had to be removed. She postponed further surgery and then just let it go. "I haven't found any compelling reason to do it," she says. "It's such a personal decision. I have a long-term steady relationship with a wonderful man. If I were thirty and single, maybe I would have made a different decision. It's just not worth it to me. Fortunately, I discovered that I don't judge my sexuality or my femininity by my body parts and neither does he."

But what about the daily reminder of her cancer? Some women feel reconstruction helps erase the memory of this tragic illness. Regardless of reconstruction, Ellerbee says, no one forgets she has had breast cancer. "In the beginning you can't think about anything else. Six years out and I'm healthy and I'm still aware of it every day. I'd be a fool to consider myself cured."

Breast cancer is more likely to recur within the first few years, so many patients breathe a sigh of relief after they've been free of the disease for five years. But even though the chances are lower, breast cancer can recur decades after the initial bout. Ellerbee's *(continued)*

(continued) advice: You should be concerned, not obsessed. "I don't have five-year plans anymore," says Phelbee. "I've realized that I have today—and that's just what everybody else has."

—Randi Hutter Epstein, M.D.

AGAINST ALL ODDS

When she felt a lump in her breast and another one under her arm, Barbara Bradfield went to the doctor. She was told that her breast cancer was so widespread there was virtually no chance of a cure. Today, seven years later, she is disease-free, thanks to an experimental treatment created by a team of doctors at the Revlon/UCLA Women's Cancer Research Program, in Los Angeles, and Genentech, a California-based biotechnology company.

"I am a miracle," says Bradfield, fifty-five, of La Canada-Flintridge, California. "Every once in a while, my husband and I look at each other and I say, 'I shouldn't be here and here I am.'"

Bradfield was diagnosed with a very aggressive type of cancer—it had already spread into her lymph glands. She opted for a double mastectomy and massive doses of chemotherapy and radiation. Still, the cancer returned a year and a half later—and it was rampant. She had a mass in her neck as big as a marshmallow and sixteen tumors in her lungs. She had already gone through the most aggressive treatments available, and her doctors said there was nothing else they could do.

Bradfield was heavyhearted. "We lost our daughter in an automobile accident during the year and a half I was cancer-free. She was twenty-three and pregnant with our first grandbaby," she says.

She gave up all hope. Then Bradfield heard about an alternative health clinic in Mexico that offered a "nutritional approach" to treat cancer. Figuring she could make her final days more bearable, she made a reservation.



"I am a miracle," says Barbara Bradfield. "I shouldn't be here and here I am"

In the meantime, her oncologist, William H. Isacoff, M.D., Ph.D., sent her medical records to Dennis Slamon, M.D., director of the Revlon/UCLA Women's Cancer Research Program, who was launching a very small trial of an experimental treatment his team had developed with Genentech. Slamon called Bradfield. "He explained the program, but I said no," she says. "I said I had already booked my flight to Mexico."

The next morning, Slamon telephoned Bradfield again. He told her he was extremely concerned that she planned to treat her aggressive cancer with just a food regimen. Bradfield reluctantly agreed to meet with him.

Slamon explained that Bradfield, along with 25 to 30 percent of all breast-cancer patients, had tumors because her body produces too much HER-2/neu, a protein that seems to spur cancers to grow. *(continued on page 164)*

Buy a plant, make a difference

To help celebrate Mother's Day in a meaningful new way—by furthering breast-cancer research—*Ladies' Home Journal* has teamed up with the Susan G. Komen Breast Cancer Foundation and Goldsmith Seeds, Inc. The experts at Goldsmith have bred a special collection of impatiens that blooms in three shades of pink, to symbolize memories, milestones and miracles. The plants are sold in twelve-inch hanging baskets for $29.95 and specially designed fifteen-inch ceramic planter boxes for $49.95 (see the list of participating garden centers on page 168). A portion of the proceeds from each plant will go to the Komen Foundation. Along with the plant, purchasers will receive a pink ribbon crystal pin. —Anna Roufos



THY ALLERGY CARE COMETH.

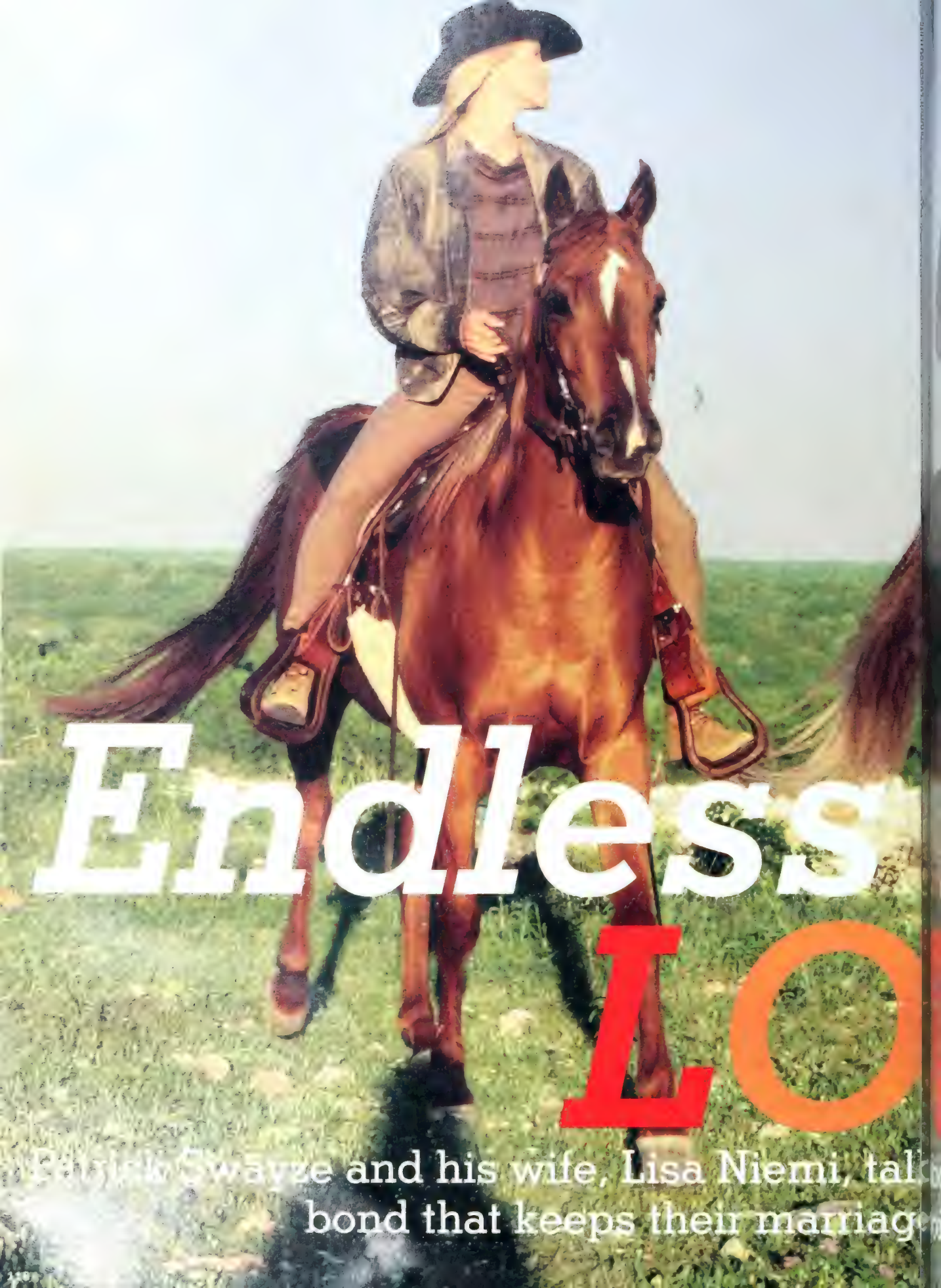
With three layers, not two,
Kleenex ColdCare handles the wetness
that comes with allergies.

It's the softest tissue there is. And
hypo-allergenic, too. So it's the best place
to run this allergy season.



ColdCare TISSUE

All your nose needs.™



Endless

LO

Patrick Swayze and his wife, Lisa Niemi, tal
bond that keeps their marriag



VE

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oing. By Me[illegible] Gardosa

Last May, Patrick Swayze was happily galloping along when disaster tried to cut him off. The actor was shooting a scene for his upcoming thriller, *Letters From a Killer*, deep in the Sacramento woods when his quarter horse suddenly spooked. An experienced rider, Swayze grabbed the animal's mane and flipped himself around so he'd sail over the horse legs-first instead of head-first into an oak tree.

As the actor lay in agony, with major breaks in both legs and four detached tendons in his shoulder, he could focus on only one thing—maintaining eye contact with his wife, Lisa Niemi, who came running to his side. "I was using her as a barometer for myself. Am I going into shock? Am I talking stupid? I kept looking at her to tell me if I was going to be okay," he says. Swayze's injuries halted the movie's production for three and a half months. But according to him, the broken bones were a small price to pay for the enlightenment that followed. "That accident should have killed me, and that's what turned my life around," says the forty-five-year-old actor. "I want the life *I* want, not the one that has been created for me. And as long as Lisa and I do it together, we can have a wonderful sense of completion."

Swayze and Niemi, a forty-year-old dancer and actress, have been married for twenty-three years, practically a record by Hollywood standards. For better and for worse, they have survived success and failure, good times as well as Swayze's sometimes violently self-destructive behavior. "Barbara Walters needlepointed a pillow for us with a quote I once said, which is, 'Our fights are huge, but our love is huge.' And that pillow still sits on our couch back at the ranch."

Rancho Bizarro, the couple's pastoral five-acre homestead nestled in the foothills of the San Gabriel Mountains, is about a half-hour's drive from the cozy table at Café des Artistes, the Los Angeles bistro where they sit tonight. "Living outside L.A. is a blessing, because when we come into town, it's like visiting the monkeys in the zoo," Swayze says, laughing. Duded up in a black suit and Western belt, he is boyishly handsome in an understated way. It's his blond, crystal-eyed wife, adorned in funky beads and velvet, who is the head-turner at the table.

Ordering himself the first of a six-pack of nonalcoholic beer, and his wife a *(continued)*

continued. Kir Royale exactly the color she likes it, they seem like a typical married couple. They finish each other's thoughts, and they treat each other with a genuine politeness and respect. Still, they aren't afraid to give each other a reality check if one strays too far from the truth.

They certainly know each other's story. When they first met at Swayze's mother's dance studio in their middle-class hometown north of Houston, it was a classic case of opposites attract. Niemi was a painfully shy fifteen-year-old wallflower; Swayze, a twenty-year-old former high-school football star home from touring as Prince Charming with the show *Disney on Parade*. Their first contact: "He said, 'Hey there!' and pinched me on the rear. It was like, here comes Buddy Swayze," Niemi says, referring to her husband by his nickname. "Let's raise the roof to let his head in."

The actor has clearly heard enough. "Honey, maybe it's time for you to go to the bathroom," he suggests jokingly.

"He was a *big* Casanova!" She laughs, undeterred.

"But a *misunderstood* Casanova," he corrects.

Both agree to that. "I grew up with a lot of rage," says Swayze, the oldest son in a family of five children. "It was a Swayze thing." The problem, as he describes it, is that he has a personality that has always been at odds with itself. The cowboy side of him is intent on cheating death, testing his physical limits both in healthy ways, such as playing sports (he won a gymnastics scholarship to San Jacinto College, in Houston), and unhealthy ways, such as drinking and reckless speeding on his Harley-Davidson. But the actor says he is also a dreamer, desperate to get in touch with what he refers to as his "Goddess power." Niemi, who shares his love of ballet, provided a safe place to express his feminine, sensitive side. "I wasn't interested in his accomplishments," she says, "but I always thought that there was something inside of him that was pure gold."

They dated for a year before Swayze left for Manhattan on a scholarship to dance with the Harkness Ballet. They kept in touch, and later, when Niemi also got a Harkness dance scholarship, she moved in with Swayze, who had nine roommates in his one-bedroom apartment. "I was so excited, I kicked them all out except for three," he says.

Within a few months, Swayze proposed. Niemi, surprisingly, was hesitant. She had come to the Big Apple to dance, not to get married. Swayze, however, prevailed. "He just simply insisted, 'You're going to stay with me.' And you know what? He was really right about that," she says, glancing across the table at her husband.

"I've never heard you say that. That's amazing," he says, staring back.

"Yes, I have," she corrects him. "See? They don't remember the good things!"

The couple was so broke that they couldn't afford an engagement ring, and Niemi sewed the wedding dress and the tuxedo for their ceremony, which took place at Swayze's mom's dance studio. To survive, they started their own carpentry and construction business in Manhattan. "Lisa drove the motorcycle with me holding four-by-eight sheets of plywood on the back." He laughs. "We did crazy stuff just to make ends meet. We lived on a jar of peanut butter."

Before long, Swayze's fancy footwork landed him at the Joffrey and the Eliot Feld Ballet. In 1978, he was cast in the starring role in the Broadway production of *Grease*, the same year John Travolta brought the role to the big screen. The following year, just as Niemi was starting to get work in the theater, the couple decided to pack up and head for Los Angeles to try for movie roles.

It was there that Swayze's career really began to soar. He appeared in TV movies of the week and landed plum roles in Francis Ford Coppola's *The Outsiders* and in the epic mini-series *North and South*. But it was his portrayal as strong-but-sensitive Johnny Castle in *Dirty Dancing* in 1987 that transformed Swayze into a romantic icon. He was besieged with film offers and landed *People* magazine's Sexiest Man Alive cover in 1991.

> *"I would be dead if it weren't for Lisa, on many more levels than just drinking," says Swayze*

Not surprisingly, her husband's success wasn't so easy for Niemi, whose career now consisted mainly of playing the part of the woman by his side. "It was like being a kid in a candy store. You get to see all of these wonderful things happening around you, except you are the only one who can't have any," she says frankly. "You are always getting the message that you don't matter."

But Swayze's achievements were even harder on him. "If you want to test someone's values, their integrity, their spirituality, give them success," Niemi says. Swayze is more honest. "The way to screw up somebody's life is to give them what they want," he says.

It's a lesson he learned only too well. For Swayze, the fame unleashed some inner demons. He turned to alcohol and began doing such self-destructive things as trashing a hotel room and driving his motorcycle after drinking. Naturally, this took a toll on their marriage. "He would totally shut off," says Niemi. "It was painful, because we



Swayze and Niemi trip the light fantastic at home

are so connected. When I would react, it made it worse because he's going, 'I'm just hanging on by a thread right now, don't screw with me.' It was a high emotional time, rages happening. Things got broken."

"One time I got so angry and so frustrated and so confused that I went out the back door with a .357 Magnum and woke up an entire territory," Swayze admits. "The police showed up, just to make sure that I didn't kill someone."

What did Niemi do during all this? "I was running away because I thought he was trying to shoot me," she says quietly, staring down at her plate. "He had been drinking a lot. I think the big turnaround was when he quit drinking."

In 1993, Swayze checked himself into rehab at the Sierra Tucson clinic, in Arizona. Although he admits that he's "blown it every now and then," he has basically remained sober ever since. "I would be dead if it weren't for Lisa, on many more levels than drinking," he says. "I have a wild-man edge. If my life looks too good, I sabotage it. With Lisa, I don't ever get a chance to go too far into stupidity."

Ironically, Niemi claims that sticking it out has made their marriage stronger. "People who don't want to weather some of the rough periods miss out on something even better," she insists. "Because when it comes back, it's better than before, and it keeps going deeper and deeper. And it is always different."

While after twenty-three years they do occasionally take each other for granted, the pair says they still put effort into keeping their relationship romantic. "Have you ever heard of trashy lingerie?" jokes Swayze. "It has come in handy here and there." So, apparently, does spontaneity. When the couple was recently driving home from location, things got so steamy that they had to pull over to the side of the road, *immediately*. Although they are giggling too hard to get into specifics, Niemi confides, "Patrick said it fulfilled any fantasy that he ever had."

Nor has the couple ruled out having children. Niemi jokes, "We're waiting to see if we get along first." In fact, she had a miscarriage in 1990, but says they will adopt a child if they have trouble conceiving. "We want at least one," says Swayze. "We still have plenty of energy left," adds his wife.

Family life may have to wait even longer, though, since their dream project is about to come true. After nine years, the couple has just gotten independent financing to make *Without A Word*, a semiautobiographical love story about dancers. Niemi wrote the screenplay and will co-direct with Swayze, who will produce. Both will star. "You can't be pregnant in leotards," says Swayze, looking at his wife. "And this is the last chance for us to get our bodies into the shape of concert dancers and capture it with the magic of film."

(continued on page 164)

Swimsuits USA



From the California shoreline to the rocky coast of Maine, finding a suit that looks good and feels right is every woman's goal. Of course, what plays in Miami might look out of place in Missoula. Here, the best suit for where you live, based on advice from newspaper style editors, coast-to-coast

For swimsuit details, see page 166.

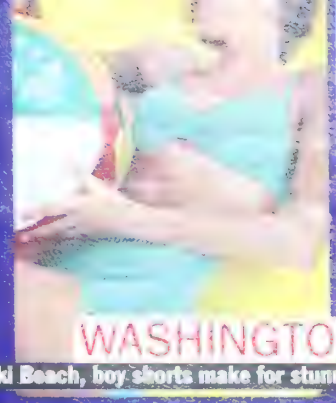
ILLINOIS

At Oak Street Beach, color-blocking looks great

Photographed at SuperClub Grand Lido Sans Souci in Ocho Rios, Jamaica, by Antoine Verglas. Hair, Gad Cohen; makeup, Sandi Linter for The Stephen Knoll Salon.



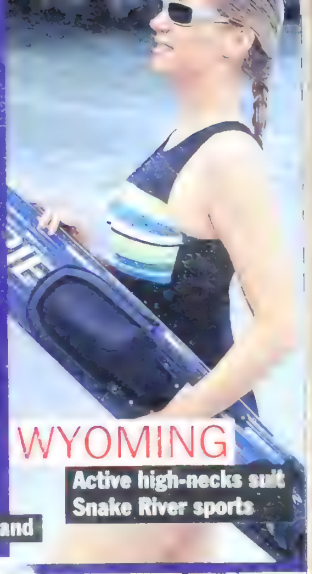
VA
Lake Okoboji, swimmers to go bare-back



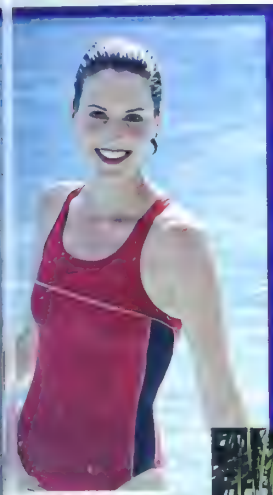
WASHINGTON
At Alki Beach, boy shorts make for stunning sunning



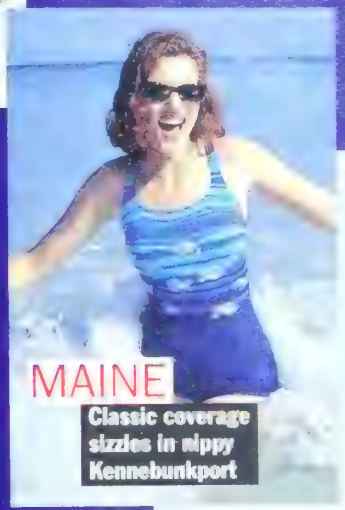
GEORGIA
Sighting feminine florals on Cumberland Island



WYOMING
Active high-necks suit Snake River sports



RIZONA
ing the Salt River? a sporty T-back



MAINE
Classic coverage sizzles in nippy Kennebunkport



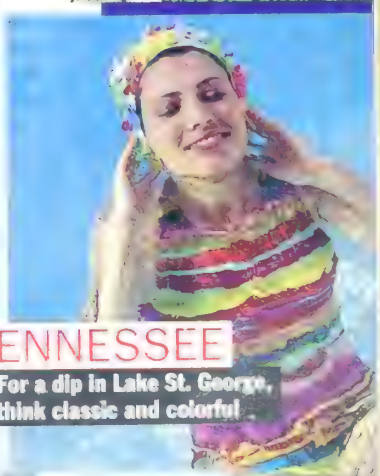
HAWAII
Exotic florals wow them at Maui's Oneloa Beach



NEW JERSEY
On the Jersey shore, sexy tanks score



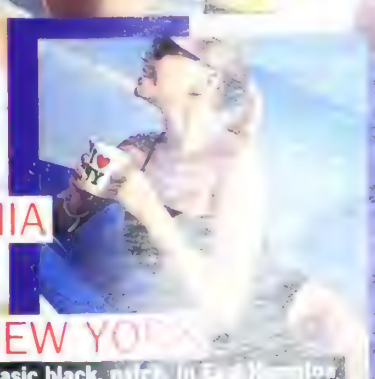
MISSOURI
Racer tanks take their hearts at Lake of the Ozarks



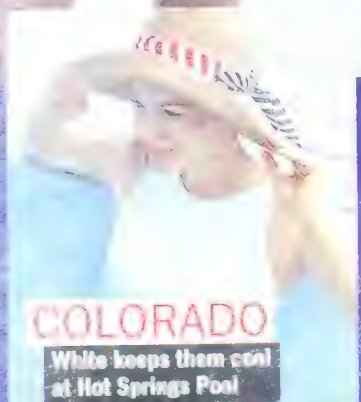
TENNESSEE
For a dip in Lake St. George, think classic and colorful



ENNSYLVANIA
Pretty in hot pink on Lake Erie



NEW YO
Basic black, [illegible]

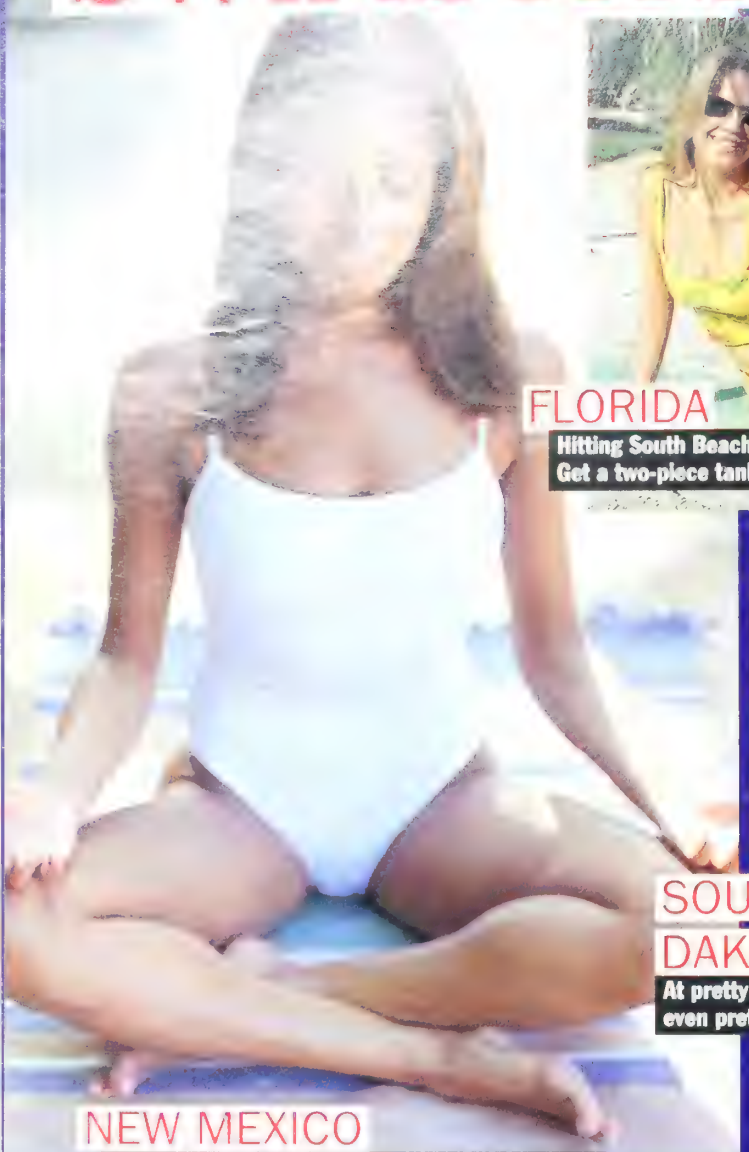


COLORADO
White keeps them cool at Hot Springs Pool



SOUTH CAROLINA
Sophisticated halter suits turn heads in Hilton Head

SWIMSUITS USA



NEW MEXICO
Serenity itself at Ten Thousand Waves in Santa Fe



FLORIDA
Hitting South Beach? Get a two-piece tankini



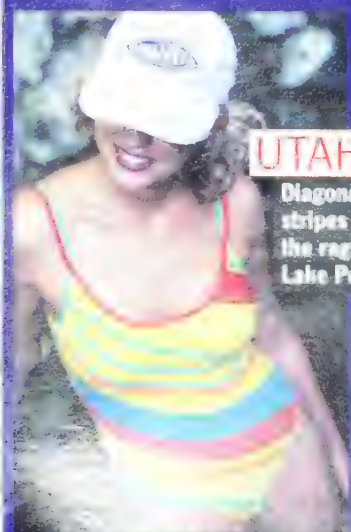
NEW HAMPSHIRE
They swoon for suits as blue as Lake Winnipesaukee itself



SOUTH DAKOTA
At pretty Sylvan Lake, even prettier florals



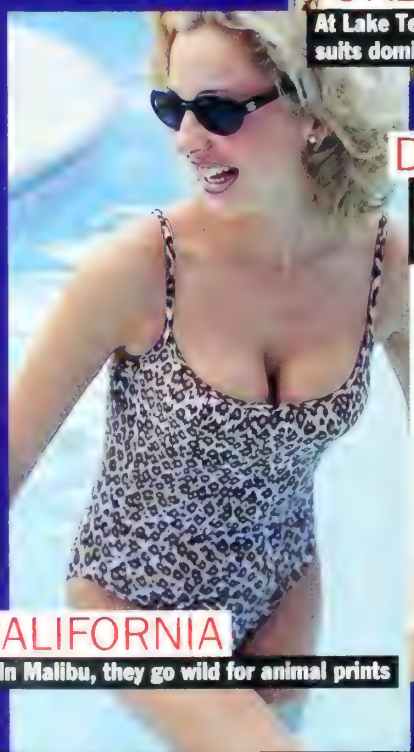
OKLAHOMA
At Lake Tenkiller, sporty suits dominate



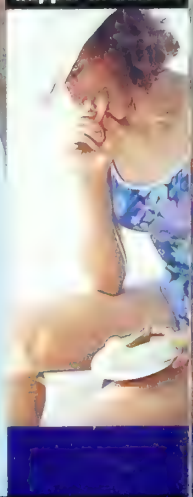
UTAH
Diagonal stripes are the rage on Lake Powell



INDIANA
At Fairfax Beach, they like it zipped up



CALIFORNIA
In Malibu, they go wild for animal prints



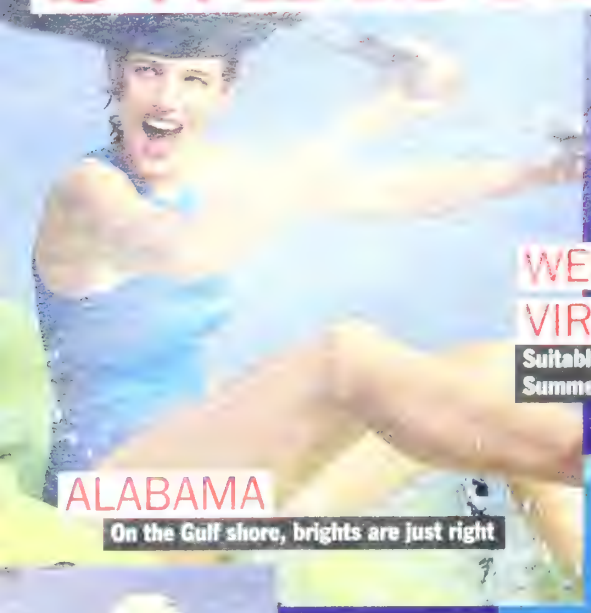
DELAWARE
Rehoboth Beach denizens look dapper in daisies

There's a suit for every body—from the new "tankinis" (see



Florida) to classic one-pieces (check out Connecticut)

SWIMSUITS USA



ALABAMA
On the Gulf shore, brights are just right



WEST VIRGINIA
Suitably sporty at Summersville Lake



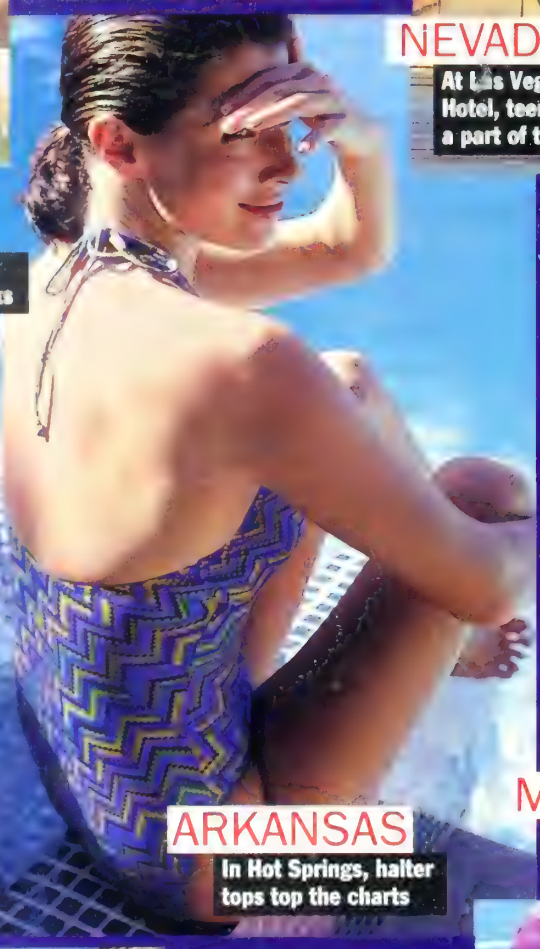
NEVADA
At Las Vegas's Mirage Hotel, teeny bikinis are a part of the scenery



MARYLAND
Ocean City goes crazy for silky pink paisley



IDAHO
Today's catch at Redfish Lake? Color-blocked tanks



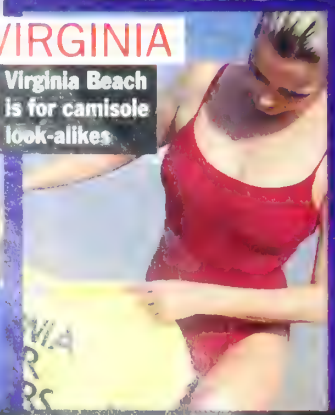
ARKANSAS
In Hot Springs, halter tops top the charts



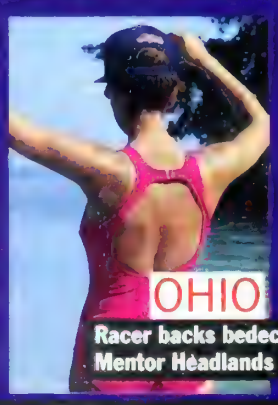
MINNESOTA
The brighter the better at Lake Minnetonka



LOUISIANA
At Lake Charles, royal blue rules



VIRGINIA
Virginia Beach is for camisole look-alikes



OHIO
Racer backs bedeck Mentor Headlands Beach



KANSAS
At El Dorado Lake, what wins sweet and simp and undeniably practical

Poolside, lakeside or by the wide, open sea, this summ



MICHIGAN

Mackinac Islanders dig diagonal stripes

MASSACHUSETTS

On the Cape, simple tanks predominate

NEBRASKA

At Lake McConaughy, conservative is the operative word

MONTANA

Neutrals rate at Flathead Lake

WISCONSIN

At The Abbey Resort, crayon-bright is the suit hue of choice

MISSISSIPPI

Gulfport goes gaga for wide-striped boy-short tankinis

er you can get in the swim ever so beautifully

the female brain

Research has finally proved what we've suspected all along: Women really do use more of their brains than men do. Here, the latest scientific findings about the way our minds work

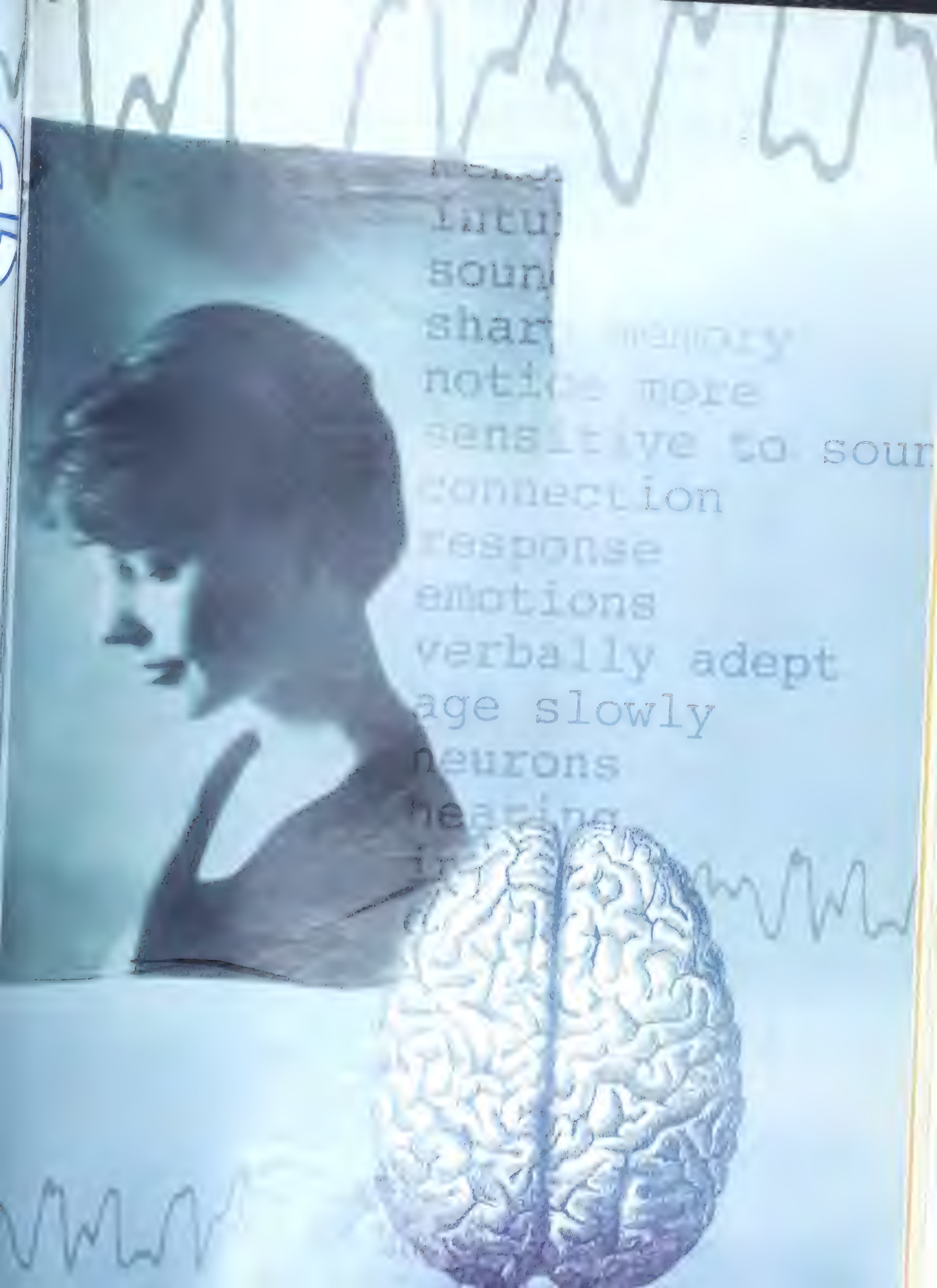
By Dianne Hales

After twenty years of marriage, my husband still doesn't understand me. Why, he wants to know, am I always doing three things at once? How is it that I am never at a loss for words? And how can I recall the names of the couple we met years ago in Hawaii when he can't?

Now I know what to tell him: It's my brain. Breakthrough research in neuroscience is revealing that the root of many puzzling gender differences may lie in our heads. This is not to say, as scientists once believed, that the female brain is in any way inferior. In fact, men's and women's brains have much in common, but they are definitely not the same—in size, structure or sensitivities.

Overall, a woman's brain, like her body, is on average 10 to 15 percent smaller than a man's, yet the regions dedicated to higher cognitive functions such as language are more densely packed with neurons. While we don't yet know the implications of all these findings, one thing is very clear: "Male and female brains do the same things, but they do them differently," says neuropsychiatrist Raquel Gur, M.D., Ph.D., of the University of Pennsylvania, in Philadelphia.

According to researchers, these are the ten most important ways women's brains differ from men's. *(continued on page 173)*


sound
sharp memory
notice more
sensitive to sound
connection
response
emotions
verbally adept
age slowly
neurons



Who could resist stretching out on this Ballard Designs comfy four-poster bed? The table next to it (right) is draped in a Ballard matelassé bedspread and accessorized with Pottery Barn retro clock and phone

it's in



the mail

When you shop for furnishings by catalog, as these homeowners did, the headaches are few—and the results can be ravishing Produced by Kimberlie Waugh



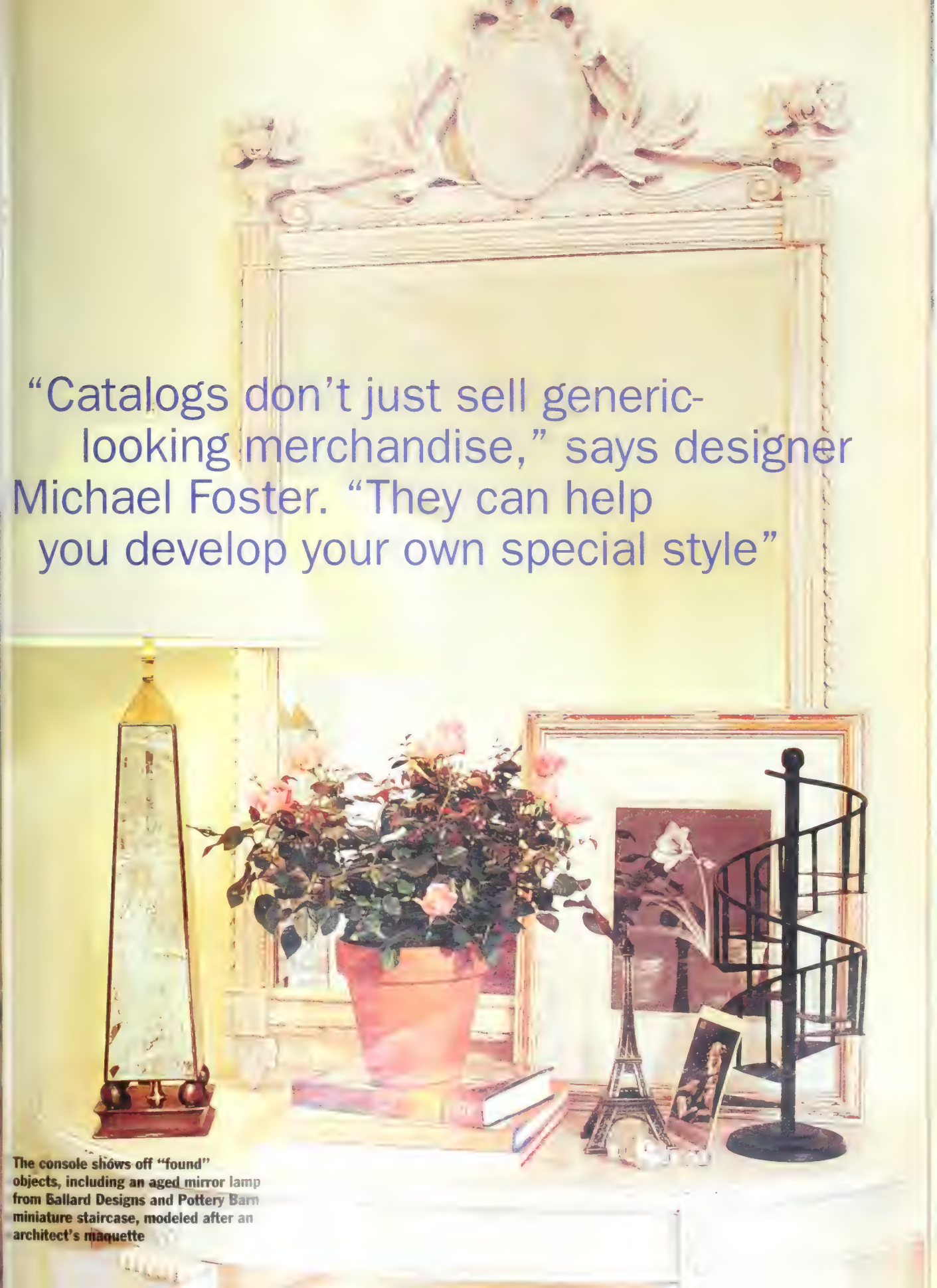
This rust mohair and homespun, a Ballard Designs graceful chair and ottoman and Pottery Barn chenille throw

Thanks to the booming mail-order industry, you don't have to leave your home to decorate it. Everything from window treatments to sofas to high-end collectibles can now be ordered from catalogs, as Kelly and Michael Siegel of Los Angeles discovered. Busy with their careers (Kelly is a writer, and Michael is a literary agent), they didn't have time to visit showrooms and fabric stores during the hectic months following their move into their first home. So designer Michael Foster suggested catalogs that offer quality, variety and price, and helped them decorate their house by mail. "These catalogs don't just sell generic-looking merchandise," says Foster. "They can help you develop a unique style and achieve an eclectic look."

For the living room, Foster turned to Ballard Designs, known for furniture and accessories with real character and a "found" feel. The distressed-leather chairs and slipcovered sofa have a welcoming, lived-in quality; the coffee table adds an element of the traditional, while botanical prints, a tin mirror and other *(continued)*

Layering Ballard sisal and wool rugs adds depth to the living room

"Catalogs don't just sell generic-looking merchandise," says designer Michael Foster. "They can help you develop your own special style"



The console shows off "found" objects, including an aged mirror lamp from Ballard Designs and Pottery Barn miniature staircase, modeled after an architect's maquette

(continued) ornaments on the mantel suggest the Siegels' love of travel. Ready-to-hang draperies of rich khaki silk look custom-made. (To achieve that look, measure windows carefully following the catalog's directions, and allow a few extra inches at the bottom for puddling on the floor.)

In the dining room, the rustic pine table and chairs and the wrought-iron chandelier are offset by contemporary touches, such as a graphic gilt-framed mirror and beige cotton-gauze curtains, all from Ballard. The table setting was chosen from Ross–Simons wide selection of china patterns and glassware, and from Rue de France, which specializes in country-French table linens and curtains. In the bedroom, the centerpiece is Ballard's chic four-poster iron bed. Luxurious linens, comforter and pillows from The Company Store and Cuddledown of Maine make it an irresistible nest.

How to get all these mail-order elements to work together? Plan carefully, as you would for any design scheme. Request swatches of upholstery and drapery fabrics from catalog companies, then lay them out to see how textures and colors play off one another and your home's lighting. Don't overlook the dimensions listed for furniture: The chair that looked perfect in the catalog's small-scale composition might be too diminutive for your more spacious room. Review each company's return policy to minimize inconvenience if, despite all of your preparations, an item doesn't work out.

To make things really easy, take advantage of programs such as Ballard Designs White Glove Delivery Service. For a reasonable charge, the driver will not only bring your furniture inside but uncrate it, inspect it for damage, place it where you want and whisk the packing materials away. Spend time enjoying your purchase instead of muscling it around. *Janet Bailey*



Dial-Up Decor

Try these furnishings catalogs from (and for) the comfort of your own home.

BALLARD DESIGNS furniture, "found" items, rugs, linens, fabrics by the yard, slipcovers. 800-367-2775

BOMBAY COMPANY lamps and sconces, furniture, wall decor, frames. 800-829-7789

THE COMPANY STORE bed linens, comforters, pillows, table linens, towels. 800-285-3696

CRATE & BARREL tabletop items, gourmet products, furniture, seasonal accessories. 800-323-5461

CUDDLEDOWN OF MAINE linens, comforters, pillows. 800-323-6793

FRENCH COUNTRY LIVING decorative furnishings, wrought iron, pottery, tile. 800-485-1302

HORCHOW HOME COLLECTION furniture, rugs, linens. 800-456-7000

POTTERY BARN furniture, rugs, lamps, decorative tabletop accessories. 800-922-5507

ROSS–SIMONS china patterns, glassware, flatware. 800-556-7376

RUE DE FRANCE table and bed linens, fabrics, lace, curtains, furniture. 800-777-0998

SPIEGEL furniture, wall decor, window treatments, linens. 800-345-4500

SUR LA TABLE kitchen equipment, gadgets, knives, appliances, table linens. 800-243-0852

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FOOD JOURNAL®



Grilled Pork Chops



Moroccan Beef and Green Beans

QUICK MEALS

Ease into spring with these three **30-minute dinners**. Or have yourself a feast—we've got **lotsa pasta** to sate hearty appetites. For dessert, let master chef **Jacques Pépin** show you how to create a real dazzler. Want a seasonal sweet? Think **strawberries**—we've got recipes and tips. For our **meal makeover**, meatloaf lightens up. And yes, you *can* make the perfect **omelet**!



Watercress Chicken

Moroccan Beef and Green Beans

Fresh mint perks up this simple two-step supper. To keep leftover mint (or any herbs) fresh, place stems in cold water, cover leaves loosely with a plastic bag and refrigerate up to one week.

Total prep and cooking time: 30 minutes **Easy**

1 [illegible]
1 teaspoon salt
½ teaspoon freshly ground pepper
1½ teaspoons minced garlic
1 can (15 oz.) diced tomatoes
¾ pound green beans, trimmed and cut in half
1 cup diced carrots
1 tablespoon chopped fresh mint or ½ teaspoon dried
1 box (10 oz.) couscous, cooked according to package directions

1. Heat 12-inch nonstick skillet over medium-high heat, 2 minutes. Add beef; sprinkle with salt and pepper. Cook 3 minutes, stirring, until no longer pink. Add garlic; cook 1 minute. Add tomatoes, green beans and carrots; cover skillet and bring to boil. Reduce heat to medium and simmer 15 minutes, stirring once. Stir in mint.
2. Divide beef mixture between 4 shallow serving bowls. Serve with couscous. Makes 4 servings.

Per serving: 630 calories, 24.5 g total fat, 9.5 g saturated fat, 85 mg cholesterol, 853 mg sodium, 69 g carbohydrates, 32 g protein, 97 mg calcium

Grilled Pork Chops

What sets these apart from ordinary chops? The savory sauce that smothers them! Lots of sliced onions cook until golden in the same grill pan as the pork, with a splash of sweet balsamic vinegar. Serve with our Speedy Mashed Spuds (see below, left).

Total prep and cooking time: 30 minutes **Easy, Low-calorie**

4 center-cut pork chops, 1 inch thick (6 to 7 oz. each)
4 teaspoons extra-virgin olive oil
1 teaspoon salt
½ teaspoon freshly ground pepper
2 medium onions, thinly sliced
1 tablespoon chopped garlic
1 tablespoon chopped fresh rosemary
½ cup chicken broth
¼ cup balsamic vinegar
Speedy Mashed Spuds (see box)

1. Heat a large grill pan over medium-high heat, 3 minutes. Brush both sides of pork chops with oil. Sprinkle both sides with salt and pepper. Cook 4 minutes per side. Transfer to plate. Add onions, garlic and rosemary to pan; cook 2 minutes. Stir in broth and vinegar; boil 1 minute. Return chops to pan. Reduce heat to low; cover and cook chops 8 minutes, until meat thermometer inserted in center of chops reaches 160°F.
2. Transfer pork chops, onions and sauce to 4 serving plates. Serve with Speedy Mashed Spuds. Makes 4 servings.

Per serving without spuds: 355 calories, 22.5 g total fat, 6.5 g saturated fat, 91 mg cholesterol, 796 mg sodium, 9 g carbohydrates, 29 g protein, 57 mg calcium

Speedy Mashed Spuds



Cut *1¼ pounds red or all-purpose potatoes, scrubbed* into 1-inch cubes; combine with *1 cup chicken broth* in 2-quart microwaveproof bowl. Cover with plastic wrap, turning back one corner to vent. Microwave on High 10 to 12 minutes, until potatoes are tender. Add *2 tablespoons butter or olive oil* and mash. Season with *salt* and *pepper*. Makes 4 servings.

Watercress Chicken

Here's a delicious solution for the age-old "what to do different with chicken" dilemma: Simmer chicken thighs in soy sauce, lime juice, ginger and peppery watercress. To round out the meal, we suggest serving with rice.

Total prep and cooking time: 30 minutes **Easy, Low-fat**

8 skinless chicken thighs (about 2½ lbs. total)
½ teaspoon salt
¼ teaspoon freshly ground pepper
1 cup chicken broth
1 tablespoon soy sauce
1 tablespoon fresh lime juice
3 slices fresh ginger
2 large bunches (8 oz.) watercress, trimmed and cut in half
6 green onions, cut into 2-inch-thin strips
¼ cup chopped fresh cilantro

1. Heat 12-inch skillet over medium-high heat, 2 minutes. Sprinkle chicken with salt and pepper; add to skillet and cook 5 minutes, turning once, until lightly browned. Drain off any fat; add broth, soy sauce, lime juice and ginger. Reduce heat and simmer chicken 20 minutes, until cooked through. With slotted spoon, transfer chicken to plate; cover and keep warm.
2. Add watercress, green onions and cilantro to skillet; cover and cook 1 to 2 minutes, until onions are tender-crisp.
3. Divide greens and broth mixture between 4 serving plates. Arrange 2 thighs over top of greens, and serve with rice, if desired. Makes 4 servings.

Per serving with 1 cup rice: 475 calories, 9 g total fat, 2.5 g saturated fat, 172 mg cholesterol, 1,009 mg sodium, 48 g carbohydrates, 47 g protein, 118 mg calcium



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Lotsa Pasta

Twelve new creative combos perfect for whe

Linguine with Mint Pesto and Peas. Clockwise from top right: Spaghetti with Shrimp and Cherry Tomatoes; Rigatoni with Shiitakes, Artichokes and Peppers; Penne with Meatballs; Pappardelle with Veal and Peppers



ompany's coming—and even when it's not!



LINGUINE WITH MINT PESTO AND PEAS

Easiest Recipe Of The Month

Fresh mint and pistachios replace basil and pine nuts in this springtime pesto sauce. Double the pesto recipe and freeze half in an airtight container for a super-quick supper later.

Prep time: 10 minutes plus heating pasta water.
Cooking time: 9 to 11 minutes. **Easy, Low-fat**

Mint Pesto
- *¼ cup extra-virgin olive oil*
- *¼ cup water*
- *2 bunches (4 oz. total) fresh mint, trimmed (2 cups leaves)*
- *½ cup freshly grated Parmesan cheese*
- *3 tablespoons chopped pistachio nuts*
- *1 teaspoon salt*
- *¼ teaspoon freshly ground pepper*

1 pound linguine, cooked (see box, right), reserving ¼ cup pasta water
1 package (10 oz.) frozen peas, thawed

1. *Make Mint Pesto:* Puree all ingredients in blender until smooth.
2. Toss hot pasta, Mint Pesto, peas and hot pasta water in large serving bowl. Makes 6 servings.

Per serving: 465 calories, 15 g total fat, 3.5 g saturated fat, 6 mg cholesterol, 604 mg sodium, 66 g carbohydrates, 17 g protein, 180 mg calcium

SPAGHETTI WITH SHRIMP AND CHERRY TOMATOES

Now's the time of year to enjoy sweet cherry tomatoes, which are simply divine in this elegant seafood pasta. Cook the tomatoes just until their skins burst open to enhance the delicate sauce.

Prep time: 25 minutes plus heating pasta water
Cooking time: 20 minutes. **Easy**

1 pound medium shrimp, peeled, leaving tails on
3 tablespoons extra-virgin olive oil, divided
2 tablespoons fresh thyme leaves or ½ teaspoon dried, divided
¾ teaspoon salt, divided
½ teaspoon freshly ground pepper, divided
½ cup finely chopped onions
1 tablespoon chopped garlic
1 pint (12 oz.) cherry tomatoes
¾ cup white wine
1 tablespoon fresh lemon juice
1 pound spaghetti, cooked (see box, below)

1. Devein shrimp; combine with 1 tablespoon oil, 1 tablespoon thyme (or ¼ teaspoon dried), ¼ teaspoon salt and ¼ teaspoon pepper in bowl.
2. Heat a 12-inch nonstick skillet over high heat 2 minutes. Add shrimp mixture and cook until golden brown, 1 to 2 minutes per side. Transfer to plate.
3. Reduce heat to medium; add remaining 2 tablespoons oil. Add onions and garlic and cook 2 to 3 minutes, until onions are softened. Transfer onion mixture to plate with shrimp.
4. Heat same skillet over high heat; add tomatoes and cook until skins begin to break open, stirring occasionally, about 3 minutes. Stir in wine, lemon juice, remaining 1 tablespoon thyme (or ¼ teaspoon dried), ½ teaspoon salt and ¼ teaspoon pepper. Cook 3 minutes, gently pressing tomatoes with spoon. Stir in shrimp and onion mixture and cook 1 minute more. Toss with hot pasta in large bowl. Makes 6 servings.

Per serving: 445 calories, 9.5 g total fat, 1.5 g saturated fat, 93 mg cholesterol, 394 mg sodium, 62 g carbohydrates, 23 g protein, 61 mg calcium

Perfect Pasta

Is your pasta mushy? Does it stick together or taste bland? Here's the fix:
1. For stick-free pasta: Use 4 to 6 quarts boiling water per pound of pasta. Add pasta to pot all at once, stirring vigorously with long-handled spoon. To cook a smaller quantity, decrease amount of water proportionally.
2. It's not enough to season the sauce—pasta needs to cook in salted water for flavor. Right before adding pasta to pot, add 1 tablespoon regular or kosher salt to boiling water.
3. Is it ready? Remove a piece of pasta from pot and cut in half. If you see a white line or ring in the center, it's not done yet. Pasta should be tender but still firm to the tooth (*al dente* in Italian).
4. Pasta waits for no one: As soon as the pasta is ready, drain it and toss with sauce (otherwise the pasta will stick). To keep it hot, preheat the serving bowl: Fill with pasta water and let stand 2 minutes or until the bowl is warm.

RIGATONI WITH SHIITAKES, ARTICHOKES AND PEPPERS

This great pasta dinner combines a can of artichokes, sweet red peppers and meaty shiitake mushrooms to create a beautifully rounded flavor. You can substitute yellow or orange peppers, and use white or portobello mushrooms in the sauce.

Prep time: 20 minutes plus heating pasta water.
Cooking time: 25 minutes. **Easy, Low-fat**

3 tablespoons olive oil
⅓ cup finely chopped shallots
2 red peppers, cut into thin strips
½ pound shiitake or white mushrooms, sliced
1 tablespoon finely chopped garlic
1¼ cups chicken broth
1 can (12 to 13¾ oz.) artichoke hearts, drained and quartered
1 teaspoon grated lemon peel
3 tablespoons fresh lemon juice
1 teaspoon salt
¼ teaspoon red pepper flakes
¼ teaspoon freshly ground pepper
2 tablespoons chopped fresh flat-leaf parsley
1 pound rigatoni, cooked (see box, below)
1 cup freshly shredded Romano or Parmesan cheese

1. Heat oil in 12-inch skillet over medium heat. Add shallots; cook 1 minute until lightly browned. Add peppers and mushrooms; cook 10 minutes, stirring occasionally, until vegetables are tender. Add garlic; cook 1 minute more.
2. Add broth, artichokes, lemon peel and juice, salt, red pepper and ground pepper to skillet. Bring to boil; reduce heat and simmer 5 minutes. Stir in parsley.
3. Toss hot pasta with sauce and Romano in large bowl. Makes 6 servings.

Per serving: 440 calories, 12 g total fat, 3.5 g saturated fat, 14 mg cholesterol, 770 mg sodium, 66 g carbohydrates, 17 g protein, 177 mg calcium

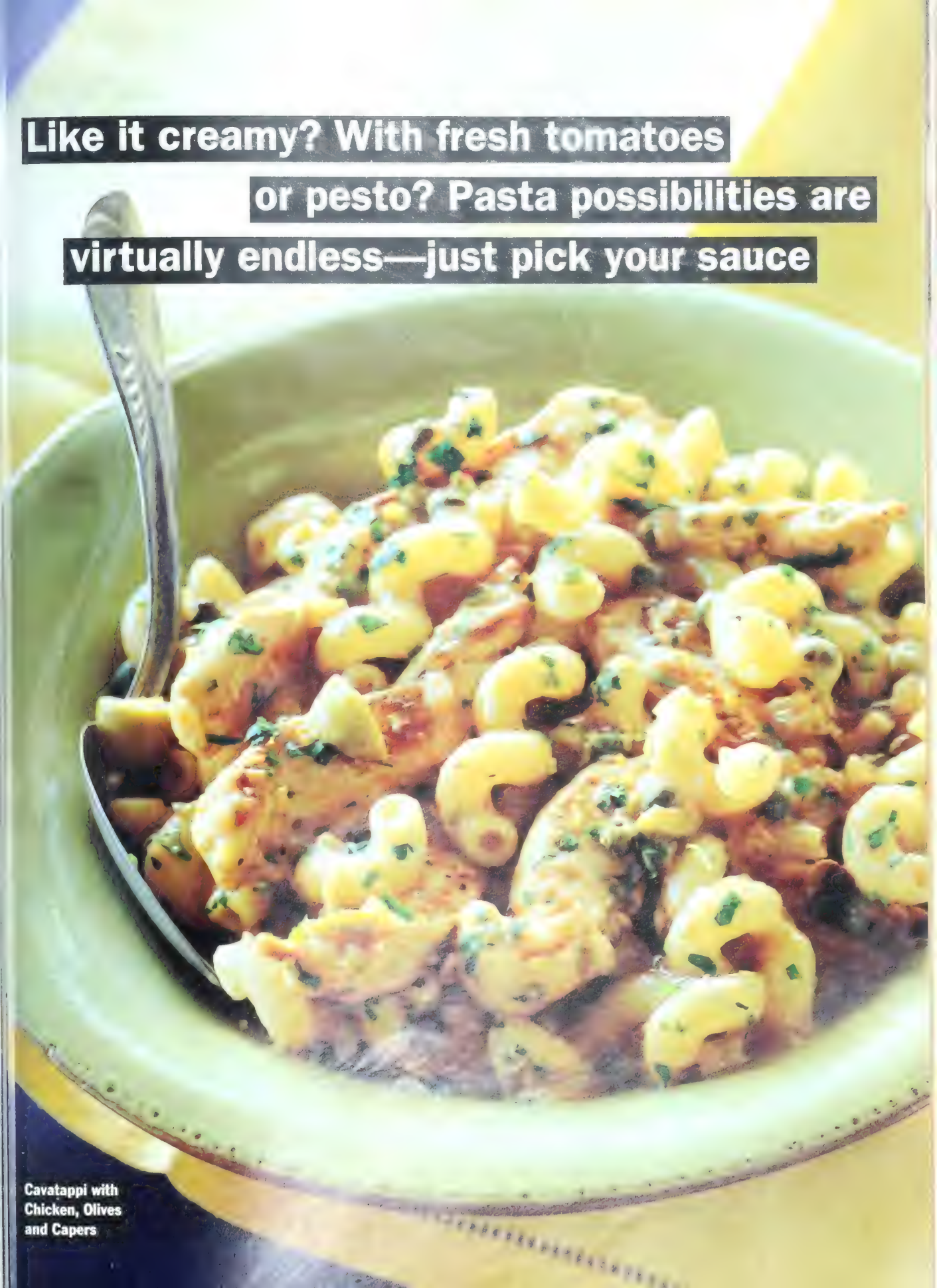
PENNE WITH MEATBALLS

Tender meatballs simmer in a rich tomato sauce seasoned with pancetta and garlic. This recipe makes enough for two pasta dinners, and the sauce freezes beautifully.

Prep time: 40 minutes plus heating pasta water.
Cooking time: 1 hour, 10 minutes. **Easy**

Tomato Sauce
- *1 tablespoon olive oil*
- *½ cup finely chopped onion*
- *1½ ounces pancetta or thick-sliced bacon, finely chopped*
- *1 tablespoon finely chopped garlic*
- *1 can (28 oz.) whole tomatoes in juice*
- *1 can (28 oz.) crushed tomatoes in puree*
- *1 can (16 oz.) tomato sauce*
- *¼ cup fresh flat-leaf parsley leaves, coarsely chopped*
- *1 carrot* *(continued)*

Like it creamy? With fresh tomatoes or pesto? Pasta possibilities are virtually endless—just pick your sauce



Cavatappi with Chicken, Olives and Capers

LOTSA PASTA

Meatballs

½ pound ground pork

1 pound penne rigati, cooked (see box,

1. *Make tomato sauce:* Heat oil in large Dutch oven over medium heat. Add onion, pancetta and garlic; cook 4 minutes until softened. Transfer 3 tablespoons mixture to large bowl; set aside.
2. Puree whole tomatoes with juice in blender or food processor until smooth. Transfer to Dutch oven; add crushed tomatoes, tomato sauce, parsley and carrot. Bring to boil. Reduce heat and simmer about 10 to 15 minutes.
3. *Make meatballs:* Meanwhile, lightly mix beef, pork, bread crumbs, egg, rosemary, salt and pepper in large bowl with reserved 3 tablespoons onion mixture just until blended. Shape into twenty 1½-inch meatballs. Carefully drop meatballs 1 at a time into simmering sauce. Cover and simmer 45 minutes. Uncover and simmer sauce 10 minutes more; discard carrot. (Makes 6 cups tomato sauce and 20 meatballs.)
4. Toss hot pasta with 1½ cups of the tomato sauce in large serving bowl. Top with 1½ cups more sauce and 10 meatballs. (Reserve remaining sauce and meatballs for another use. Freeze in airtight container up to 1 month.) Makes 6 servings.

Per serving:

SOUTH-OF-THE-BORDER PASTA

Ruffle-shaped radiatore catches all the tangy lime-avocado dressing in this refreshing room-temperature dish. Peppers provide crunch and jalapeño jack cheese a dose of *caliente* (heat).

Prep time: 30 minutes plus heating pasta water. **Cooking time:** 9 to

Dressing

1 teaspoon freshly grated lime peel

tablespoons vegetable oil
2 teaspoons white wine vinegar
1½ teaspoons salt
*¾ teaspoon cumin, toasted**
½ teaspoon sugar
medium sweet peppers (red, green and/or yellow), chopped
¼ cup finely chopped fresh cilantro
3 tablespoons finely chopped red onion

1 tablespoon fresh lime juice
⅛ teaspoon sugar
⅛ teaspoon salt
⅛ teaspoon freshly ground pepper
2 ripe avocados, cut into ¾-inch chunks
8 ounces pepper-jack cheese, diced
Flour tortillas (optional)
Fresh cilantro, for garnish



1. Rinse hot pasta under cold running water in large colander until cool; drain well. Set aside.
2. *Make dressing:* Combine all ingredients in large serving bowl.
3. Combine lime juice, sugar, salt and pepper in small bowl; add avocado and toss gently.
4. Toss cooled pasta with dressing, avocado mixture and cheese. Divide among 6 serving bowls. Serve with tortillas and garnish with fresh cilantro, if desired. Makes 6 servings.

*To toast cumin: Heat a small skillet over medium-low heat. Add cumin and cook 1 to 2 minutes, until fragrant

Per serving: 570 calories, 30 g total fat, 9.5 g saturated fat, 40 mg cholesterol, 897 mg sodium, 59 g carbohydrates, 19 g protein, 298 mg calcium

PAPPARDELLE WITH VEAL AND PEPPERS

This is top-notch company fare—and it couldn't be easier. The sauce, which can be prepared a day ahead, will remind you of the most luscious veal stew. If wide pappardelle noodles aren't available, use fettuccine.

Prep time: 30 minutes plus heating pasta water. **Cooking time:** 1 hour, 15 to 20 minutes. **Easy, Low-fat**

1 tablespoon flour
¾ teaspoon salt
¼ teaspoon freshly ground pepper
1 pound veal stew meat, cut into 1-inch cubes
2 tablespoons butter or margarine, divided
3 cups sliced onions
2 large green peppers, cut into ¼-inch dice
½ cup red wine
2 cans (15 oz. each) tomato sauce
1 can (14½ oz.) beef broth
½ teaspoon chopped fresh or dried rosemary
1 pound pappardelle, cooked (see box, page 142)

1. Combine flour, salt and pepper in medium bowl; add veal and toss to lightly coat.
2. Melt 1 tablespoon butter in 12-inch skillet or Dutch oven over medium-high heat. Add veal; cook 4 to 6 minutes until browned on all sides. Transfer to bowl.
3. Melt remaining 1 tablespoon butter in skillet; add onions and cook 2 minutes. Add peppers; cook 4 to 5 minutes more just until softened. Add wine; cook 1 minute, stirring to scrape up browned bits. Stir in tomato sauce, broth, rosemary and veal. Reduce heat to medium-low; cover and simmer 1 hour.
4. Uncover skillet and cook sauce 15 to 20 minutes more, until veal is fork-tender.
5. Toss hot pasta with veal sauce in large bowl. Makes 6 servings.

Per serving: 505 calories, 9.5 g total fat, 4 g saturated fat, 79 mg cholesterol, 1,503 mg sodium, 77 g carbohydrates, 28 g protein, 73 mg calcium

FUSILLI WITH CLAM SAUCE

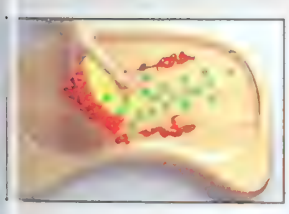
Our garlicky white-wine sauce can be prepared using fresh or canned clams with delicious results. If you use canned clams, swirl one tablespoon of butter into the sauce.

Prep time: 25 minutes plus heating pasta water. **Cooking time:** 15 to 18 minutes. **Moderate, Low-fat**

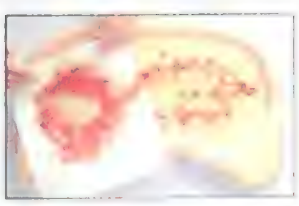
2½ dozen littleneck clams, scrubbed, or 2 cans (10 oz. each) baby clams plus 1 bottle (8 oz.) clam juice*
⅔ cup white wine
2 tablespoons olive oil
1 cup chopped onions *(continued)*

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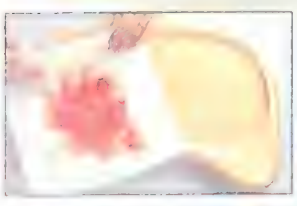
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LOTSA PASTA

Continued

1 tablespoon minced garlic
2 teaspoons chopped fresh thyme or ¾ teaspoon dried
½ teaspoon salt
¼ teaspoon red pepper flakes
1 pound fusilli, cooked (see box, page 142)
2 tablespoons chopped fresh flat-leaf parsley



1. Combine fresh clams and wine in large Dutch oven. Cover and bring to a boil; reduce heat to medium-high and cook 7 to 9 minutes until clams open. (Discard any unopened clams.) Uncover pot and set aside.
2. Meanwhile, heat oil in large skillet over medium-high heat. Add onions and cook 3 minutes, until lightly browned. Add garlic, thyme, salt and red pepper; cook 30 seconds more.
3. Remove clams from shells and chop coarsely; set aside and discard shells. Pour clam liquid through large sieve lined with double layer of cheesecloth into onion mixture. Add chopped clams and bring to boil. Transfer half the clam sauce to a large bowl; add hot pasta and toss. Divide pasta among 6 serving bowls. Spoon remaining sauce over top; sprinkle with parsley. Makes 6 servings.
**For canned clams*: Omit step #1. Drain juice from clams and reserve juice and clams in separate bowls. Heat oil in large skillet over medium-high heat. Add onions and cook 3 minutes, until lightly browned. Add garlic, thyme, salt and red pepper; cook 30 seconds more. Add wine and bring to boil; boil 30 seconds. Add reserved clam juice and bottle of clam juice; bring to boil and boil 5 minutes. Add reserved clams and *1 tablespoon butter or margarine* and cook until heated through, 1 minute more. Transfer half the clam sauce to a large serving bowl; add hot pasta and toss. Spoon remaining sauce over top; sprinkle with parsley.

Per serving with fresh clams: 405 calories, 6.5 g total fat, 1 g saturated fat, 26 mg cholesterol, 243 mg sodium, 62 g carbohydrates, 20 g protein, 62 mg calcium

CAVATAPPI WITH CHICKEN, OLIVES AND CAPERS

For an unusual treat, try this rich, creamy pasta with chicken, green olives, capers and marsala—a fortified Italian wine. You'll need sweet, not dry, marsala for the sauce.

Prep time: 25 minutes plus heating pasta water. **Cooking time:** 9 to 12 minutes. **Easy**

Marinade
1 tablespoon fresh lemon juice
1 teaspoon extra-virgin olive oil
½ teaspoon salt
¼ teaspoon freshly ground pepper

¼ pound boneless, skinless chicken breasts cut into thin strips
1 can (14½ oz.) chicken broth
½ cup heavy or whipping cream
2 teaspoons cornstarch, divided
½ teaspoon salt
⅛ teaspoon freshly ground pepper
3 tablespoons olive oil, divided
⅓ cup finely chopped shallots
⅓ cup chopped, pitted Spanish green olives
1 tablespoon chopped capers
¼ cup sweet marsala
1 pound cavatappi, cooked (see box, page 142)
½ cup coarsely chopped fresh flat-leaf parsley
1 teaspoon grated lemon peel

1. *Make marinade*: Combine all ingredients in small bowl. Add chicken and toss to coat; let stand 5 minutes.
2. Meanwhile, combine broth, cream, 1 teaspoon cornstarch, salt and pepper in small bowl; set aside.
3. Heat 1 tablespoon oil in large skillet over high heat. Stir remaining 1 teaspoon cornstarch into chicken mixture. Add chicken in a single layer to skillet and cook 2 to 4 minutes per side, until browned. Transfer to bowl.
4. Reduce heat to medium-high; add remaining 2 tablespoons oil to skillet. Add shallots; cook 1 to 2 minutes, until lightly browned. Add olives and capers; cook 1 minute. Add marsala; bring to boil and cook 10 to 15 seconds. Stir broth mixture, then add to skillet. Bring sauce to boil. Boil 3 to 5 minutes to reduce sauce by one quarter. Add chicken; cook 1 minute. Toss hot pasta with half the sauce,

parsley and lemon peel in bowl; divide among 6 serving bowls. Pour remaining sauce over top. Makes 6 servings.

Per serving: 525 calories, 18.5 g total fat, 6.5 g saturated fat, 60 mg cholesterol, [illegible] mg sodium, 62 g carbohydrates, 24 g protein, 49 mg calcium

CAVATELLI WITH SAUSAGE AND ESCAROLE

Test Kitchen Favorite

This zesty pasta with chunky tomato sauce, Italian sausage and greens will ward off spring's chill. Diced fontina cheese stirred into the sauce just before serving enriches the dish.

Prep time: 20 minutes plus heating pasta water. **Cooking time:** 15 to 20 minutes. **Easy**

1 pound sweet Italian sausage links, sliced
1 tablespoon chopped garlic
1 head (1 lb.) escarole, trimmed and coarsely chopped
1 can (14 to 16 oz.) tomatoes in juice
¼ teaspoon red pepper flakes
½ teaspoon salt
1 pound cavatelli, cooked (see box, page 142)
¼ pound Italian or Danish fontina cheese, broken into small pieces



1. Heat 12-inch skillet 2 minutes over medium-high heat. Add sausage; cook 6 to 9 minutes, stirring frequently, until browned. Add garlic; cook 1 minute more, until fragrant.
2. Add escarole, tomatoes, red pepper and salt to skillet. Cover, reduce heat and simmer 8 to 10 minutes, until escarole is cooked and tender.
3. Stir hot pasta into skillet with cheese. Gently toss with large spoon until cheese melts. Makes 6 servings.

Per serving: 645 calories, 31 g total fat, 12.5 g saturated fat, 79 mg cholesterol, 1,033 mg sodium, 63 g carbohydrates, 27 g protein.

ORECCHIETTE WITH KALE AND TURKEY

Ground turkey is a great alternative to ground beef, especially when seasoned with a gutsy blend of garlic, red pepper flakes, fennel seeds and orange peel. Substitute spicy mustard greens for the kale if you like.

Prep time: 15 minutes plus heating pasta water. **Cooking time:** 17 to 21 minutes. **Easy, Low-fat**

½ teaspoon fennel seeds
¼ teaspoon red pepper flakes
3 tablespoons extra-virgin olive oil, divided
2 tablespoons chopped garlic, divided
½ pound ground (dark meat) turkey
1 can (14½ oz.) chicken broth, divided
1 teaspoon grated orange peel
¼ teaspoon salt
1 bunch (1 lb.) kale, trimmed and chopped
1 pound orecchiette, cooked (see box, page 142)
*½ cup freshly shaved Parmesan cheese**

(continued)





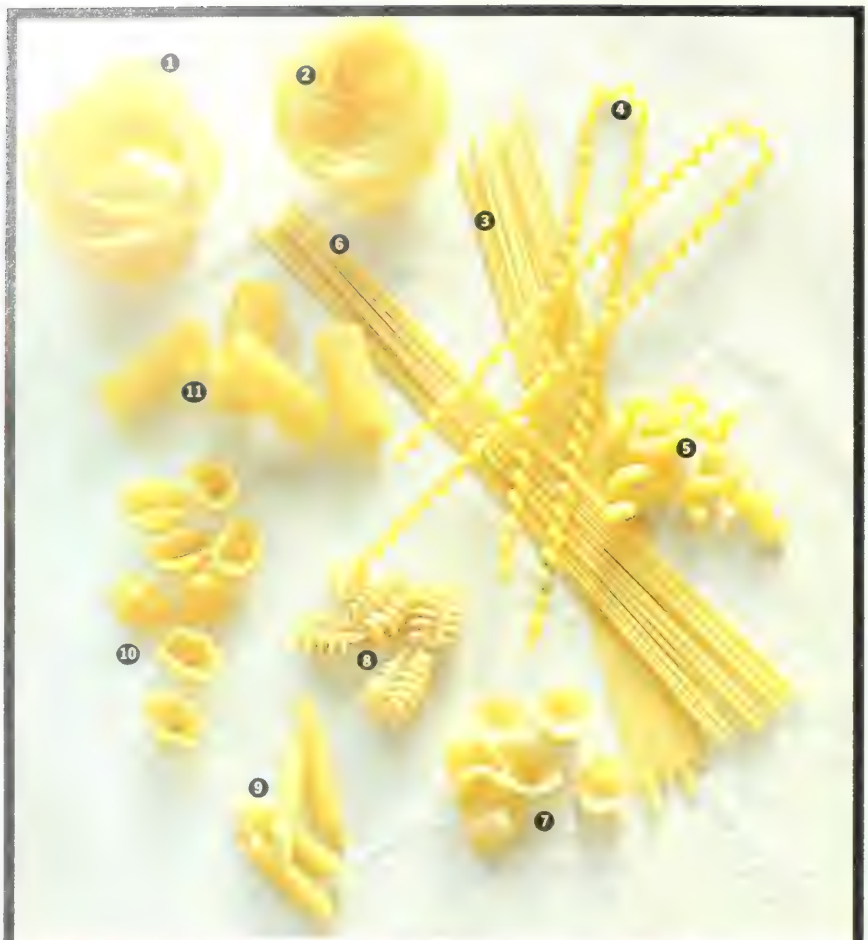
1. Heat a 12-inch nonstick skillet over medium-low heat. Add fennel seeds and red pepper flakes and toast 1 to 2 minutes, until fragrant. Add 2 tablespoons oil and 1 tablespoon garlic; cook over medium heat 2 to 3 minutes more. Be careful not to burn. Transfer oil mixture to medium bowl.
2. Heat remaining 1 tablespoon oil in same skillet over medium-high heat. Add turkey; cook 3 to 5 minutes, breaking up meat into small pieces with spoon. Stir in ½ cup broth, orange peel and salt. Bring to boil; boil until liquid evaporates, about 5 minutes. Transfer turkey mixture to bowl with reserved oil mixture; toss to combine.
3. Add remaining broth, 1 tablespoon garlic and kale to skillet. Cover and cook until kale is tender, 7 to 8 minutes.
4. Return turkey mixture to skillet. Cook until heated through. Transfer to large bowl and toss with hot pasta. Divide pasta among 6 serving plates. Sprinkle with Parmesan cheese. Makes 6 servings.

Per serving: 455 calories, 12.5 g total fat, 3 g saturated fat, 38 mg cholesterol, 591 mg sodium, 63 g carbohydrates, 23 g protein, 200 mg calcium

RAVIOLI WITH TOMATO-CREAM

Delight your guests with this sophisticated pasta—the creamy tomato sauce with pancetta and saffron is simply out of this world. We used cheese ravioli, but other stuffed pastas work well, too—check the supermarket for specialty combinations.

(continued on page 153)



PASTA SHAPES UP

Matching the right pasta and sauce always results in a dish greater than the sum of its parts. As a general rule, match oil-based and tomato sauces with dried pasta and butter- and cream-based sauces with fresh pasta. The chunkier tomato or meat sauces work well with hollow tubes and shell-shaped pastas such as penne, rigatoni, radiatore or cavatelli. The more delicate pastas, like capellini, are perfect for tossing with lighter fresh vegetable and herb sauces. Wider pastas, such as pappardelle, are good for tossing with hearty meat sauces. Some dried pastas can be sold under more than one name, so here are the identifying characteristics and words to look for.

1. Pappardelle flat, ¾- to 1-inch-wide (broad) noodles
2. Capellini (a.k.a. Angel Hair, Fine Hairs) the thinnest type of spaghetti
3. Linguine long, flat strands of pasta (the name means "little tongues")
4. Fusilli (a.k.a. Twisted Spaghetti, Fusilli Lungi) tightly curled spiral noodles, either long like spaghetti or short like penne
5. Cavatappi (a.k.a. Corkscrews) medium-length, spiral-shaped pasta with grooves
6. Spaghetti long, thin strands of pasta (the name means "strings"). According to The National Pasta Association, it's America's favorite
7. Orecchiette small, clam-shaped pasta (the name means "little ears")
8. Radiatore (a.k.a. Ruffles, Radiators) short, thick, round pasta shaped like a circular radiator
9. Penne Rigati tubular pasta with grooves, the ends of which are cut on the diagonal to resemble a pen point (the name means "quills" or "pens"). Regular penne is the same shape without the grooves
10. Cavatelli small, shell-shaped pasta, with or without a ridged edge (the name means "little hollowed-out shapes")
11. Rigatoni large, tubular pasta with grooves (the name means "big grooves")

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Herb Roasted Potatoes Poupon

1/3 cup Grey Poupon Dijon Mustard
2 tablespoons olive oil
1 clove garlic, chopped
1/2 teaspoon Italian seasoning
6 medium red skin potatoes (about 2 pounds), cut into chunks

Mix all ingredients except potatoes in small bowl. **Place** potatoes in lightly greased 13x9x2-inch baking pan or on shallow baking sheet; **toss** with mustard mixture. **Bake** at 425°F for 35 to 40 minutes or until potatoes are fork tender, stirring occasionally Makes 4 servings.



GREY POUPON TIPS

Make beans count:
Bring a can of baked beans to life with some Grey Poupon and a touch of brown sugar

Give pretzels a twist:
Simply dip 'em and eat!

See fish fly:
Spread a little onto your fillets for a taste your whole family will love.

Primavera Pasta Poupon

6 tablespoons Grey Poupon Honey Mustard, divided
4 cups sliced seasonal vegetables (zucchini, yellow squash, onions, carrots, eggplant)
3 tablespoons olive oil
2 tablespoons cider vinegar
1 tablespoon chopped fresh or 1 teaspoon dried basil
8 ounces penne pasta, cooked, drained and rinsed with cold water

Brush 4 tablespoons mustard on vegetables. **Grill** or **broil** until tender. **Blend** remaining 2 tablespoons mustard, oil, vinegar and basil. **Toss** pasta, vegetables and mustard mixture until well combined Makes 4 servings.



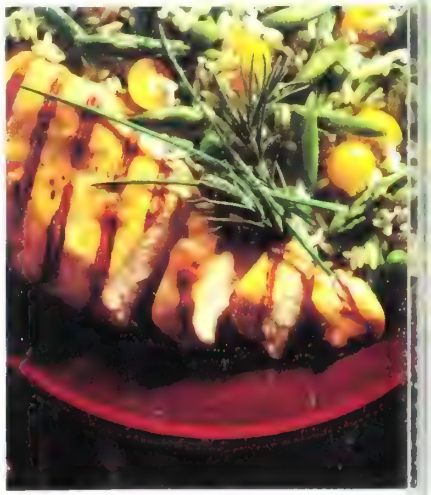
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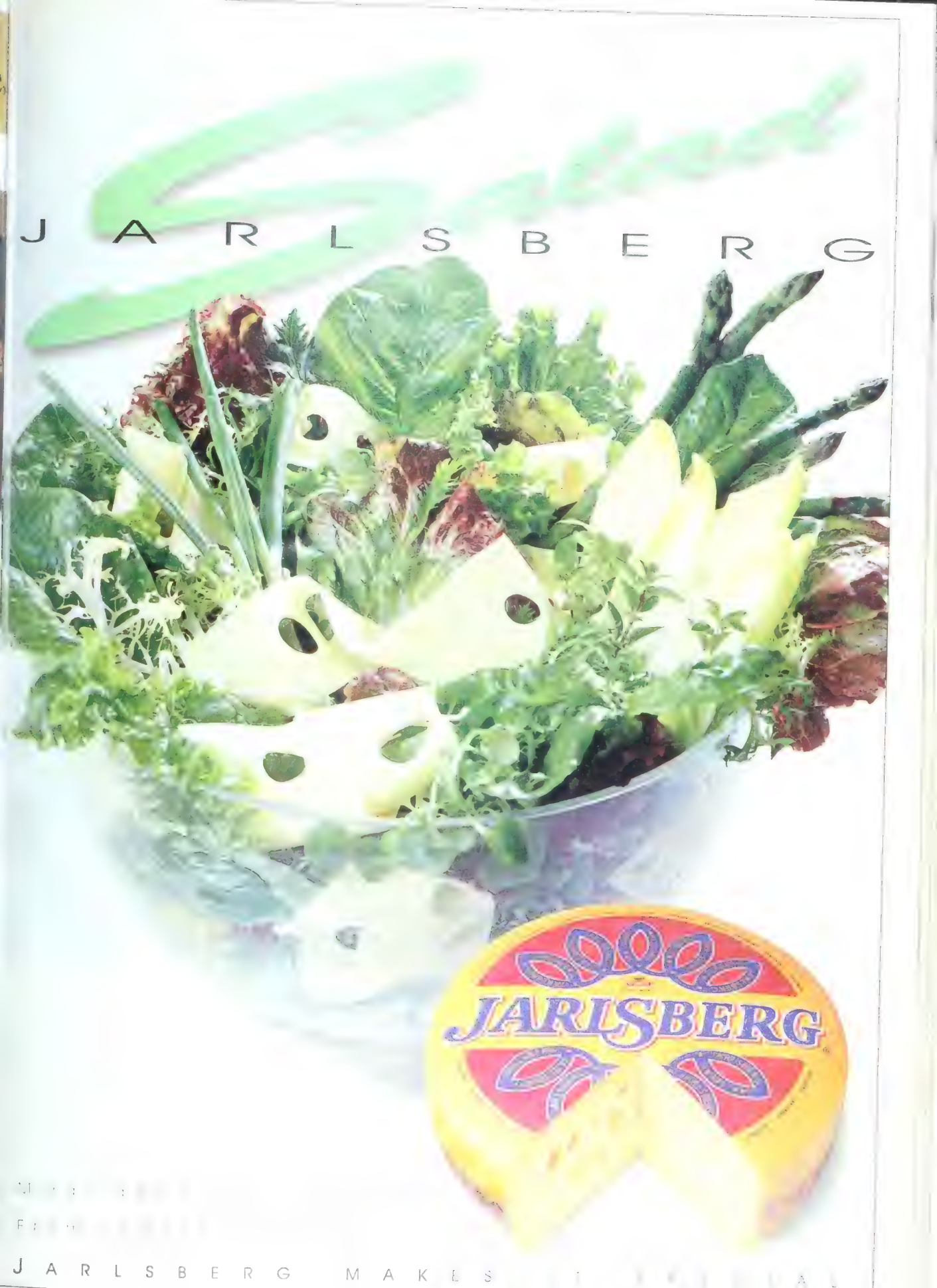
Apricot Honey Chicken Poupon

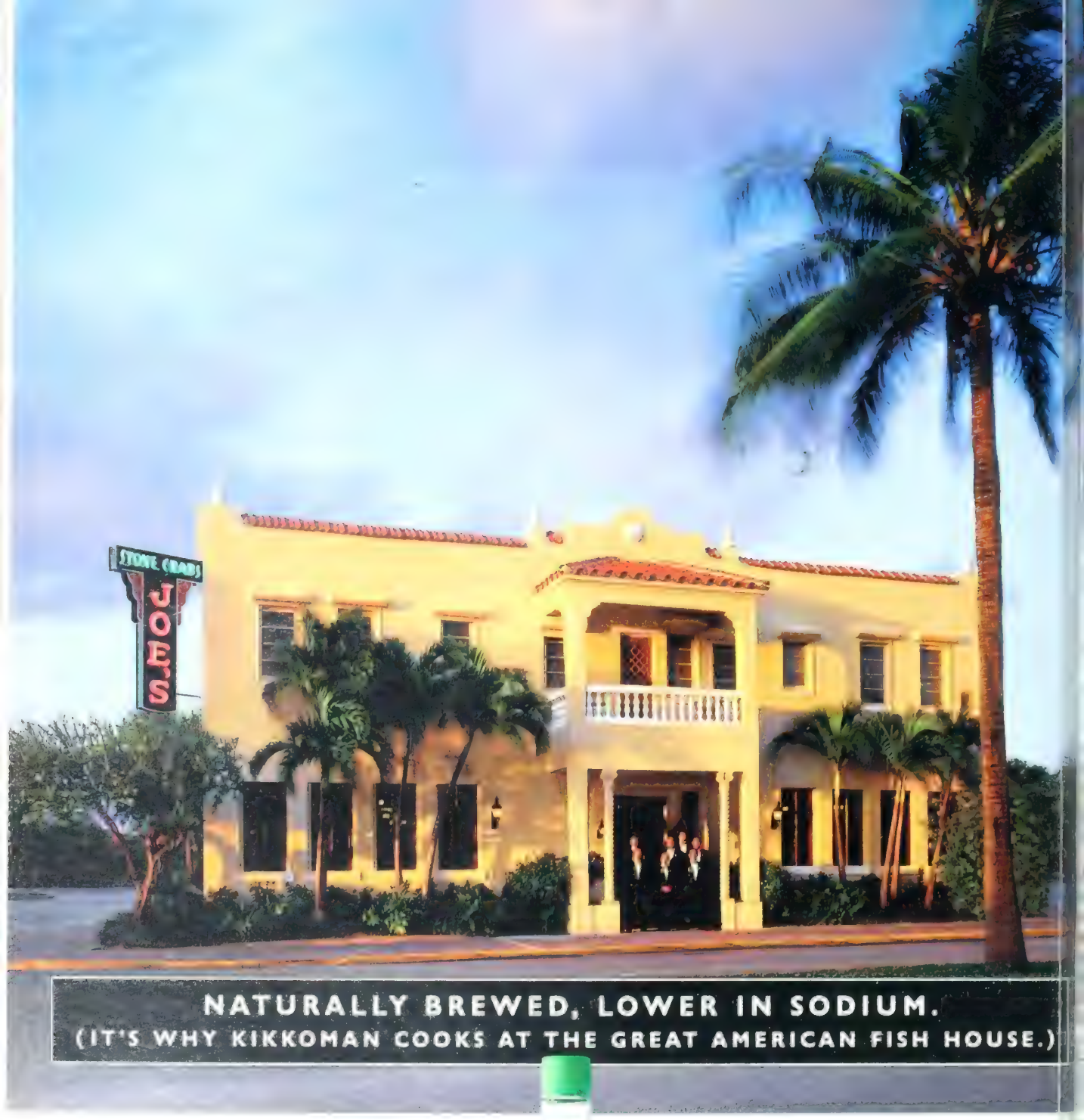
1/3 cup Grey Poupon Honey Mustard
3 tablespoons apricot preserves
1 teaspoon ground ginger
4 boneless, skinless chicken breast halves (about 1 pound)

Blend mustard, apricot preserves and ginger. Brush some mustard mixture on chicken. Grill or broil chicken, brushing with mustard mixture frequently until done. Makes 4 servings.



Grey Poupon® in recipes. But of course.


JARLSBERG
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NATURALLY BREWED, LOWER IN SODIUM.
(IT'S WHY KIKKOMAN COOKS AT THE GREAT AMERICAN FISH HOUSE.)



With its rich and flavorful aroma, it's really no surprise that Stone Crab's celebrated Joe's Original Restaurant in Miami Beach relies on Kikkoman. What may surprise you is that Kikkoman Lite Soy Sauce is the only premium quality brand of soy sauce.

Kikkoman is naturally brewed and aged over two years. What's more, Kikkoman Lite Soy Sauce contains 50% less sodium than the average of the top three national brands of regular soy sauce. All of which leads us to ask: Shouldn't you be cooking with Kikkoman?*

KIKKOMAN COOKS WHERE AMERICA EATS

LOTSA PASTA

Continued from page 148

Prep time: 10 minutes plus heating pasta water. **Cooking time:** 30 minutes. **Easy, Low-calorie**



? ounces pancetta or 2 strips thick-sliced bacon, finely diced
' tablespoon minced garlic
' can (28 oz.) Italian plum tomatoes in juice
! tablespoons chopped fresh basil, divided
'2 teaspoon salt
'4 teaspoon freshly ground pepper
Pinch sugar
Pinch saffron (optional)
! tablespoons heavy or whipping cream
pound fresh or frozen cheese ravioli, cooked (see box, page 142)

. Heat a large nonstick skillet over nedium heat 2 minutes. Add pancetta; ook 5 minutes, stirring occasionally until olden. Reduce heat to low; add garlic nd cook 1 to 2 minutes until softened. dd tomatoes and juice, 1 tablespoon asil, salt, pepper, sugar and saffron, if esired, breaking up tomatoes with a poon. Increase heat to medium; simmer 0 minutes, until thickened. Stir in cream nd cook 3 minutes more.

. Divide hot ravioli among 6 shallow erving bowls. Spoon tomato sauce ver each serving, then sprinkle with emaining 1 tablespoon basil. Makes servings.

er serving: 350 calories, 16.5 g total fat, 5 g saturated fat, 5 mg cholesterol, 7 g carbohydrates, 14 g protein, 219 mg calcium

ASTA PRIMAVERA

Delicate capellini is tossed with a olorful spring mix of asparagus, snow eas, yellow squash and radicchio. It's ovely to serve at a casual gathering. If ou cut all the veggies ahead, the dish kes only minutes to assemble.

Prep time: 25 minutes plus heating pasta water. **Cooking time:** 23 to 28 minutes. **Easy, low-calorie**

[illegible] cup grated Parmesan cheese
[illegible] tablespoon butter
1 cup finely chopped onions
[illegible] pound asparagus, trimmed, stem peeled and cut into 1'2-inch diagonal pieces
1 carrot, diced
1 yellow squash, cut into 1/2-inch dice
1/4 pound snow peas, cut into 1/2-inch diagonal pieces
1/4 teaspoon salt
1/4 cup chicken broth
1/2 cup heavy or whipping cream
1 small head radicchio (4 oz.), thinly sliced
1/2 pound capellini, cooked (see box, page 142)
1 plum tomato, diced
Freshly grated Parmesan cheese, optional



1. Melt butter and oil in large nonstick skillet over medium heat. Add onions; cook until softened, 5 to 8 minutes. Stir in asparagus; cook until just tender, 5 minutes. Add carrot, yellow squash and snow peas; cook 3 minutes. Stir in salt and broth; bring to boil and cook until liquid has reduced by half, 3 to 5 minutes. Stir in cream and cook until sauce thickens slightly, about 5 minutes. Add radicchio; cook until radicchio wilts, 2 minutes.

2. Toss hot pasta and sauce in large bowl. Sprinkle with tomato. Serve with Parmesan, if desired. Makes [illegible] servings.

[illegible] Grande Cheese and [illegible]



ALL THE FLAVOR & HALF THE SODIUM.
KIKKOMAN COOKS IT LITE.®

JOE'S GINGER SALMON

[illegible] 1 tablespoon + 1 teaspoon vegetable oil
1 salmon fillets (6 oz. each)
(4 Servings) 2 tablespoons brown sugar, packed
2 tablespoons Kikkoman Lite Soy Sauce
2 tablespoons dry white wine
2 tablespoons lemon juice
[illegible] 1 teaspoon minced garlic
10 minutes 1 teaspoon grated fresh ginger root
1/4 teaspoon hot pepper sauce
1/4 cup minced onion

1. Heat 1 tablespoon of oil in large skillet over high heat. Add salmon. 2. Cover; reduce heat to medium high. Cook 6 minutes, turning over halfway. 3. Remove salmon; keep warm. Drain off fat. 4. Combine next 7 ingredients. 5. Heat remaining 2 teaspoons oil in same pan. Add onion; sauté 1 minute. 6. Stir in [illegible] soy sauce mixture; cook 1 minute to thicken glaze slightly. 7. Return salmon; cook 1 minute, turning over once.



NATURALLY BREWED. LOWER IN SODIUM



Strawberries in White Zinfandel

Strawberries

It's the berry best time of year—and here, two tasty ways to indulge and enjoy!



Strawberry-Almond Tart

STRAWBERRIES IN WHITE ZINFANDEL

This mix of berries, orange juice and wine is a fabulous ice-cream topper.

Prep time: 15 minutes plus chilling. **Cooking time:** 8 to 10 minutes. **Easy**

2 oranges
½ cup white zinfandel wine
¼ cup sugar
1 pint fresh strawberries, hulled and cut into six wedges
1 pint vanilla ice cream

1. Remove only the colored peel from 1 orange. Cut into thin strips. Squeeze enough juice from oranges to equal ½ cup; set aside.
2. Bring 2 cups water to boil in small saucepan. Add peel and return to boil. Drain. Repeat process two more times. Refrigerate.
3. Bring juice, zinfandel and sugar to a simmer in small saucepan. Cook 2 to 3 minutes, until sugar dissolves. Transfer to bowl; stir in berries. Refrigerate 1½ hours.
4. Divide berries among four serving glasses. Top each with ½-cup scoop of ice cream and sprinkle with peel. Makes 4 servings.

Per serving: 245 calories, 7.5 g total fat, 4.5 g saturated fat, 25 mg cholesterol, 39 g carbohydrates, 3 g protein, 112 mg calcium

STRAWBERRY-ALMOND TART

Food Editor's Favorite

You won't need to spend hours preparing this berry beauty—but your guests will think you did.

Prep time: 20 minutes plus cooling. **Baking time:** 20 to 25 minutes.
Easy, Microwave Use

½ cup sugar
½ cup almond paste, crumbled
10 tablespoons butter, softened
3 large eggs
½ teaspoon vanilla extract
⅓ cup all-purpose flour
1 tablespoon cornstarch
⅓ cup apricot preserves
2 teaspoons white rum
2 pints fresh strawberries, sliced ¼ inch thick

1. Heat oven to 375°F. Lightly coat bottom and sides of 10-inch tart pan with removable bottom with vegetable cooking spray. Line the outside of the pan with foil.
2. Combine sugar and almond paste in mixer bowl. Beat at medium speed 2 to 3 minutes to break up paste. Beat in butter, scraping with rubber spatula, until smooth. Beat in eggs 1 at a time, until blended; add vanilla.
3. Sift flour and cornstarch in bowl. Stir into almond mixture. Spread in pan. Bake 20 to 25 minutes, until top springs back when gently pressed with finger. Cool in pan on wire rack.
4. Remove side of pan. Microwave preserves in cup on High 40 seconds. Strain through sieve into small bowl; stir in rum. Brush a thin layer over cake. Arrange overlapping slices of berries on top of cake. Brush top with remaining preserves. Makes 8 servings.

Per serving: 345 calories, 20.5 g total fat, 10 g saturated fat, 118 mg cholesterol, 178 mg sodium, 37 g carbohydrates, 5 g protein, 59 mg calcium ●

Recipes by Michele Peters

STRAWBERRY SMARTS

Here's how to select the best berries—and keep them that way: Buy berries with a natural healthy sheen, and look for caps that are pert and green (not wilted or brown). Store in refrigerator in a container (layer and separate with paper towels); berries will keep three to five days. Wash and then hull only when ready to use. Serve at room temperature for best flavor. —Sarah P. Basso


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Jacques Pépin,

TV cooking star, chef and author, shows off his stunning **Orange Vacherin Jeanette** meringue cake with simple step-by-step instructions

ORANGE VACHERIN JEANETTE

Indulgent But Worth It

This melt-in-your-mouth frozen layer cake with orange cream slices beautifully—a perfect do-ahead dessert that you, too, can master.

Prep time: 45 minutes plus freezing. **Baking time:** 3 to 3½ hours.

1 tablespoon butter, softened

Meringue
- *5 large egg whites*
- *1 cup sugar*

Orange Cream
- *2 cups heavy cream*
- *¼ cup sugar*
- *2 tablespoons Grand Marnier liqueur*
- *1½ tablespoons grated orange peel*

½ pint fresh raspberries

Raspberry Sauce
- *2 packages (10 oz.) frozen raspberries in syrup, thawed*
- *½ teaspoon lemon juice*

1. Heat oven to 200°F. [illegible] rectangles 2 inches apart on a sheet of parchment paper large enough to fit a large [illegible] side down on cookie sheet. Lift the paper and turn it over, then place the paper back on cookie sheet.

2. *Make meringue:* Beat whites in mixer bowl on medium-high speed to stiff peaks, 3 to 5 minutes. Quickly pour in the sugar (this should take no more than 10 seconds, or 20 seconds if using a hand mixer). Increase speed to high and beat 15 seconds. (The sugar will *not* dissolve; it will still be grainy when rubbed between your fingers. Don't worry: This produces a brittle, dry and tender meringue.)

3. Spoon meringue into pastry bag (see photo A).

4. Pipe following outline and fill in meringue rectangles (see photo B). Pipe any remaining meringue into oval shapes. Smooth tops of rectangles with a large metal spatula.

5. Bake 3 to 3½ hours. (The meringues should feel completely dry. If they turn pale golden, that's okay.) Transfer the meringues on parchment paper to a wire rack and cool completely.

6. *Make Orange Cream:* Meanwhile, beat all ingredients in large mixer bowl to firm peaks. Refrigerate.

7. Cut a 14x6-inch piece of cardboard; wrap with foil. Peel one meringue rectangle from parchment and place, bottom side down, on cardboard. (If meringue breaks, do not worry; it will be covered completely with cream. Just gently shape to reassemble.) Spread top with 4 cups of Orange Cream. Peel ovals from parchment and crumble; sprinkle evenly over Orange Cream. Peel remaining rectangle from parchment and place bottom side up, over crumbs.

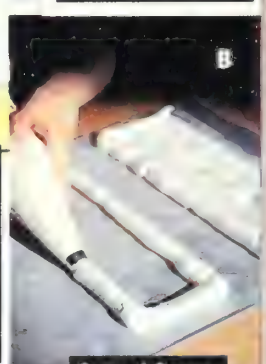
8. Transfer cake to a cookie sheet. Spread with 2 cups of Orange Cream (see photo C). Fill a large pastry bag, fitted with a ¾-inch star tip, with remaining Orange Cream. Pipe remaining cream on the top, the sides, and a border along the base. Gently press raspberries onto cake. Freeze, uncovered, 6 hours, until completely firm. *(For longer freezing time, cover loosely with plastic wrap, then with foil and freeze up to 2 days. Refrigerate 1 hour before serving.)* Slice Vacherin and serve with Raspberry Sauce. Makes 12 servings. *Raspberry Sauce:* Puree raspberries in blender. Strain through a sieve into a bowl. Stir in lemon juice. Makes 2 cups.

Per serving with 1 T. sauce: 415 calories, 30.5 g total fat, 19 g saturated fat, 111 mg cholesterol, 63 mg sodium, 34 g carbohydrates, 3 g protein, 59 mg calcium





Fit a large pastry bag with a ¾-inch plain tip and fill with half of the meringue. Tip: For easy filling, place bag in tall glass or blender container



Starting at one corner of the parchment, pipe two 12x4-inch rectangles



Spread 2 cups Orange Cream over top and sides of cake

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MFG. COUPON EXPIRES SEPT 30, 1998

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This month, **meatloaf** gets a new lease on life—and you get more for less: lots of flavor, minimum calories and fat

For meatloaf lovers who want this wonderfully moist and delicious comfort food—but also want something healthier and more waistline-friendly than the classic recipe delivers—here's a solution to savor.



Take a walk on the lighter side: Not-Your-Mama's Meatloaf

NOT-YOUR-MAMA'S MEATLOAF

Budget Recipe Of The Month

Prep time: 20 minutes
Baking time: 50 minutes
Easy, Low-fat, Low-calorie

1 tablespoon [illegible]
1 cup chopped onions
*1 tablespoon red curry base**
2 tablespoons water

Yogurt sauce
½ cup shredded zucchini
1 container (8 oz.) plain low-fat yogurt
1 tablespoon finely chopped [illegible]
½ teaspoon salt
½ teaspoon sugar

1½ pounds ground white turkey meat
1 cup shredded zucchini
1 cup fresh bread crumbs (2 to 3 slices firm white bread)
1 large egg
[illegible]

Cooked broccoli and red potatoes (optional)



1. Heat oil in medium skillet over medium-high heat. Add onions and cook 3 to 4 minutes, until lightly browned. Remove skillet from heat; stir in curry base and water until smooth. Cool.

2. *Make yogurt sauce:* Combine zucchini, yogurt, onion, salt and sugar in a medium bowl; cover with plastic wrap and refrigerate.

[illegible] turkey, zucchini, bread crumbs, egg, salt and onion mixture in large bowl until just mixed. Line a 13x9-inch pan with foil; lightly coat bottom with vegetable cooking spray. Shape turkey mixture into an 8x4-inch-wide loaf in center of prepared pan. Bake 50 minutes.

4. Remove meatloaf from oven; cover with foil and let stand 10 minutes. Slice loaf and serve with yogurt sauce, and broccoli and red potatoes, if desired. Makes 4 to 6 servings.

Ingredients That Do The Trick

A serving of old-style meatloaf typically has about 400 calories and 20 grams of fat. Our new-and-improved version: 275 calories and 7 grams of fat. So how did we forgo calories without losing flavor? In place of the classic meatloaf ingredients—ground beef, ground pork and ground veal—we used ground white turkey meat because it's so lean, a red curry base for zippy taste and zucchini for moisture. To top it off? Our creamy, cooling yogurt sauce—a refreshing alternative to traditional ketchup.

Per serving without broccoli and red potatoes: 275 calories, 7 g total fat, 2 g saturated fat, 130 mg cholesterol, 996 mg sodium, 13 g carbohydrates, 39 g protein, 123 mg calcium ●

Recipe by Cynthia DePersio


More "thank-yous" per serving than any other side dish.
Stove Top
CHICKEN
Stove Top
CHICKEN
hing else is just stuff.™

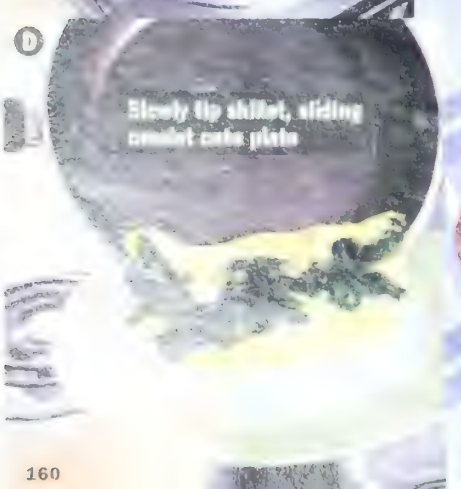
omelet

Do yours always turn out torn or misshapen? Follow our technique, and omelet-making is as easy as scrambling eggs!









Whip up any three of our savory fillings, before you begin to cook the omelet.

Prep time: 10 to 15 minutes. **Cooking time:** 3 minutes per omelet. **Easy**

1. *For each omelet:* Whisk *2 large eggs, 2 tablespoons water, ¼ teaspoon salt* and *pinch pepper* in bowl until blended.
2. Melt *1 tablespoon butter* in 10-inch nonstick skillet over medium heat (see photo A).
3. Pour in egg mixture. Cook 1 minute, until omelet starts to set. With spatula, push back cooked egg (photo B). Cook 1 to 2 minutes more, until top is set. With handle of skillet facing you, spoon *½ cup desired filling* down one side of omelet.
4. Run knife around edge of egg. (Don't worry if edges tear; when omelet is folded over, you won't see it.) Roll omelet over filling (see photo C) and slip onto plate (see photo D), flipping to encase the filling.
5. Repeat steps 1 through 4 three more times, for more omelets.

SPINACH WITH FONTINA FILLING

Heat *1 tablespoon butter* in skillet over medium heat. Add *½ cup chopped onion* and cook, stirring, until lightly browned. Chop *2 bags (10 oz. each) fresh spinach.* Add half the spinach to skillet with *¼ teaspoon salt* and *¼ teaspoon pepper;* cover and cook 2 minutes, until wilted. Stir in remaining spinach, cover and cook 2 minutes more. Drain spinach; transfer to bowl and stir in *¼ pound diced fontina cheese.* Makes 2 cups.

Per omelet: 415 calories, 33.5 g total fat, 17.5 g saturated fat, 497 mg cholesterol, 1,160 mg sodium, [illegible] g carbohydrates, 23 g protein, [illegible] mg calcium

HAM WITH CHEDDAR FILLING

Heat *1 tablespoon butter* in skillet over medium-high heat. Add *2 tablespoons minced shallots* and cook, stirring, 1 minute. Stir in *½ pound smoked ham, chopped, ½ teaspoon chopped fresh thyme or pinch dried* and *pinch pepper.* Reduce heat to medium and cook until lightly browned. Transfer to bowl; stir in *1 cup shredded sharp Cheddar cheese.* Makes 2 cups.

Per omelet: 355 calories, 27 g total fat, [illegible] 1,373 mg sodium, 3 g carbohydrates, 24 g protein, 60 mg calcium

MUSHROOM WITH GOAT CHEESE FILLING

Heat *1 tablespoon butter* in skillet over medium-high heat. Add *1 pound white mushrooms, sliced, 2 tablespoons minced shallots, ½ teaspoon salt* and *¼ teaspoon freshly ground pepper.* Cook, stirring, 6 to 7 minutes, until browned. Stir in *1 tablespoon chopped fresh tarragon or ½ teaspoon dried;* cook 30 seconds. Transfer to bowl. Add *2 ounces fresh goat cheese, crumbled.* Makes 2 cups.

Per omelet: 345 calories, 28 g total fat, 14 g saturated fat, 470 mg cholesterol, 909 mg sodium, 8 g carbohydrates, 18 g protein, [illegible]

Recipes by Cynthia De Persio

See these tips demonstrated on video Inside the Journal Kitchen at LHJ Online (*www.lhj.com*).



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Jan says...

"For most recipes that call for pureeing, I find that my food processor and blender work equally well. But I prefer to use the blender for cream soups—it gives the smoothest, most velvety texture."



You Asked For It

Dear LHJ, While visiting Denver, my family and I shared a wonderful carrot soup at Janleone restaurant. It was so good I think it may even turn my picky daughter into a carrot lover! Will you please get the recipe for us? —Karen Lockner, Holt, Michigan

Crème de la Crème

The sweet and creamy carrot soup will leave a lasting impression on those lucky enough to taste it. For garnish, use fresh dill sprigs and sauté extra carrot shreds.

CREAM OF CARROT SOUP
, Denver

½ teaspoon salt and *¼ teaspoon freshly ground pepper* to boil in large Dutch oven. Reduce heat and simmer 20 minutes, until carrots are tender.

2. Meanwhile, melt *¼ cup butter or margarine* in large skillet over medium heat. Add *1 medium onion, chopped,* and cook 4 to 5 minutes, until softened and just beginning to brown. Add *¼ cup all-purpose flour;* cook, stirring, 3 minutes. Stir into carrot mixture until combined.

3. Puree carrot mixture in blender in batches; transfer each batch to large bowl, then return to Dutch oven. Stir in *1 cup heavy or whipping cream* and *1 cup milk.* Cook over medium heat until heated through, 5 minutes (do not boil). Makes 8 cups.

Per cup: 275 calories, 19 g total fat, 11.5 g saturated fat, 61 mg cholesterol, 927 mg sodium, 22 g carbohydrates, 4 g protein, 94 mg calcium

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NUTRITION GUIDE

Calorie and nutrient analysis appears at the end of each of our recipes to help you plan meals nutritiously.

Daily Goal	
Calories	2,000 (F), 2,500 (M)
Total fat	60 g or less (F); 70 g or less (M)
Saturated fat	20 g or less (F); 23 g or less (M)
Cholesterol	300 mg or less
Sodium	2,400 mg or less
Carbohydrates	250 g or more
Protein	55 g to 90 g
Calcium	1,000 mg (F); 1,000 mg (M)

BASED ON U.S.D.A. GUIDELINES


SHAKE 'N BAKE lets the secret to juicy pork chops out of the bag.
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for delicious pork chops.

body therapy, Herceptin TM, that appeared to slow or block its activity.

Slamon told her that the study would have a three-month trial and involve doses of the new drug with doses of stronger chemotherapy than she'd had before. After the first trial, anyone who showed signs of benefiting from the treatment would be entered into a second three-month trial. Bradfield knew all too well the side effects of chemotherapy: the nausea and repeated vomiting. Despite the prospect of more misery, she signed up along with the fourteen other volunteers. The program was her only hope.

"We felt we were pioneering, and doing something that would be beneficial to others," Bradfield recalls. "We bonded. It was fun in a way, despite what we were doing."

At first, Bradfield thought the treatment would never work. She suffered from the chemo even more than she had the first time. "We had such strong chemotherapy we were getting some minor nerve damage and hearing loss," she recalls. These side effects are not unusual for women receiving such strong drugs.

Luckily, Bradfield's damage was not too severe, and she quickly gained hope. "I had this marshmallow-size tumor in my neck," she says. "It shrank after two weeks of treatment. Later, when it was totally gone, everyone was really excited because they could imagine that's what was happening inside them, too."

"Cancer changed my focus. Now, if my husband and I want to do something, we find a way," says Bradfield

At the end of the study, Bradfield had a CAT scan to search for residual cancer. If the scan showed any remaining tumors, it would mean the treatment had failed to cure her.

"I remember seeing Doctor Slamon walk into the room with the nurse and I knew right away by their ear-to-ear grins that my tumors were all gone," she recalls.

Sadly, Bradfield was the only one of the treatment group to survive. Researchers are not sure why. Since then, Slamon says hundreds of women have been helped by the drug.

The data from all the trials will be submitted to the Food and Drug Administration (FDA) for approval. If all goes well, the drug could be available within a year. Until then, Herceptin TM antibody treatment is no longer in clinical trials. It is available on a very limited basis for women who have failed other therapies, whose tests show they are likely to benefit and who put their names into a National Cancer Institute (NCI) lottery. (For more information, call Genentech at 888-777-4464.)

For Bradfield, the good news took a while to sink in. "First you just wait for the cancer to return," she says. But now that she has been cancer-free for five years, she has taught herself to think positively.

"I'm so appreciative of everything. Cancer changed my focus. Now everything is valuable. If my husband and I want to do things, we find a way. We go out to dinner a lot and we travel and we enjoy ourselves," says Bradfield. "I had to come to grips with dying and what that meant. Now I'm not afraid. I will be forever grateful for Doctor Slamon's tenaciousness."

—Randi Hutter Epstein, M.D.

PATRICK SWAYZE

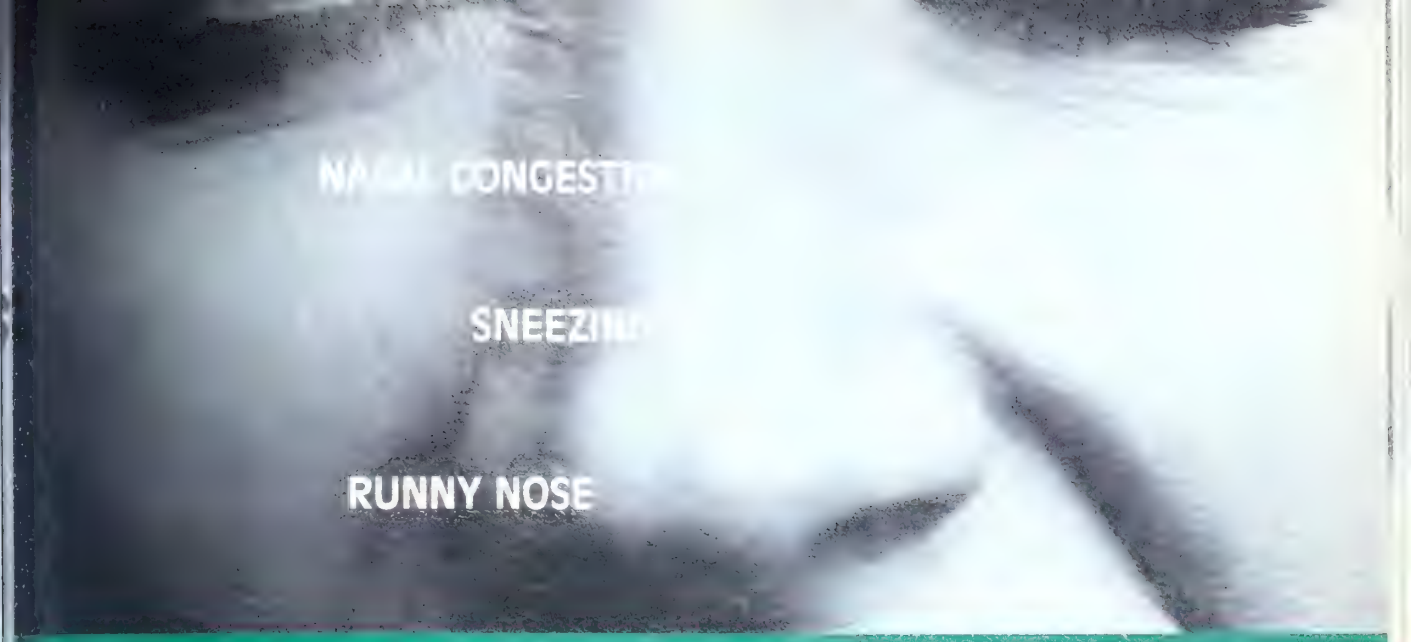
Ironically, it was his horseback-riding accident that freed him to do this. "I had fears about directing and producing, and all that is gone," he says. "I'm lucky to be alive." Troph, the couple's production company, has one film set to go, *Boondock Saints*, about two Irish brothers living in the Boston slums, which Swayze is executive-producing, and a future project, *Drinkers of the Wind*, a love story about an Arabian horse in the desert, which Swayze plans to direct. This month he will be on view in *Black Dog*, as a trucker who is wanted by the mob for his cargo, as well as the upcoming *Letters From a Killer*, in which he stars as an ex-con stalked by his pen pal.

To spend as much time together as possible during these busy days, Niemi and Swayze have learned how to fly. One of their favorite pastimes is to entertain friends in their eight-passenger, twin-engine Cessna, complete with killer sound system. "We listen to Bonnie Raitt when we taxi down the runway, and when we are breaking through the clouds, we play the theme from *Out of Africa*," says Swayze.

But they are not above bickering in the cockpit. On one recent excursion, the couple had a difference of opinion about how to negotiate the cloud bank in front of them. Niemi wanted to sneak below it, while Swayze wanted to climb above. This led to a huge argument, which they later took to a flight instructor to arbitrate. "He said, 'You're both wrong. You should have flown right through it,'" Swayze says. "'You should trust your instruments and stick to your flight plan.'"

And why not? When it comes to trust, this is one couple who has already earned their wings.

Melina Gerosa is the entertainment editor of Ladies' Home Journal.



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BRIEF SUMMARY

SHAKE GENTLY BEFORE USE.

For Intranasal Use Only.

CONTRAINDICATIONS

WARNINGS

systemic corticosteroids and transferred to topical corticosteroids should be carefully monitored for acute adrenal insufficiency in response to stress. In those patients who have asthma or other medical conditions requiring long-term systemic

steroids should be observed for signs or symptoms of hypercorticism and or

Patients who are on immunosuppressant drugs are more susceptible to infections than healthy individuals. Chickenpox and measles, for example, can have a

corticosteroids. In such patients who have not had these diseases, particular care

steroid administration exposes the risk of developing a disseminated infection is not

herpes zoster immune globulin (VZIG) may be indicated. If exposed to measles, prophylaxis with pooled intramuscular immunoglobulin (IG) may be indicated. See the respective package inserts for complete VZIG and IG prescribing information. If chickenpox develops, treatment with antiviral agents may be considered.

PRECAUTIONS

General: Rarely, immediate hypersensitivity reactions or contact dermatitis may occur after the administration of FLONASE Nasal Spray. Rare instances of wheezing, nasal septum perforation, cataracts, glaucoma, and increased intraocular pressure have been reported following the intranasal application of corticosteroids, including fluticasone propionate.

Use of excessive doses of corticosteroids may lead to signs or symptoms of hypercorticism, suppression of HPA function, and/or reduction of growth velocity in children or teenagers. Physicians should closely follow the growth of children and adolescents taking corticosteroids by any route, and weigh the benefits of corticosteroid therapy against the possibility of growth suppression if growth appears slowed.

Although systemic effects have been minimal with recommended doses of FLONASE Nasal Spray, potential risk increases with larger doses. Therefore, larger than recommended doses of FLONASE Nasal Spray should be avoided.

When used at higher than recommended doses or in rare individuals at recommended doses, systemic corticosteroid effects such as hypercorticism and adrenal suppression may appear. If such changes occur, the dosage of FLONASE Nasal Spray should be discontinued slowly, consistent with accepted procedures for discontinuing oral corticosteroid therapy.

In clinical studies with fluticasone propionate administered intranasally, the development of localized infections of the nose and pharynx with *Candida albicans* has occurred rarely. When such an infection develops, it may require treatment with appropriate local therapy and discontinuation of treatment with FLONASE Nasal Spray. Patients using FLONASE Nasal Spray over several months or longer should be examined periodically for evidence of *Candida* infection or other signs of adverse effects on the nasal mucosa.

FLONASE Nasal Spray should be used with caution, if at all, in patients with active or quiescent tuberculous infection; untreated local or systemic fungal or bacterial or systemic viral infections or parasitic infection; or ocular herpes simplex.

Because of the inhibitory effect of corticosteroids on wound healing, patients who have experienced recent nasal septal ulcers, nasal surgery, or nasal trauma should not use a nasal corticosteroid until healing has occurred.

Information for Patients: Patients being treated with FLONASE Nasal Spray should receive the following information and instructions. This information is intended to aid them in the safe and effective use of this medication. It is not a discussion of a possible adverse or intended effects.

Patients should be warned to avoid exposure to chickenpox or measles and if exposed to consult their physician without delay.

Patients should use FLONASE Nasal Spray at regular intervals as directed since its effectiveness depends on its regular use. A decrease in nasal symptoms may occur as soon as 12 hours after starting therapy with FLONASE Nasal Spray. Results in several clinical trials indicate statistically significant improvement within the first day or two of treatment, however, the full benefit of FLONASE Nasal Spray may not be achieved until treatment has been administered for several days. The patient should not increase the prescribed dosage but should contact the physician if

nasal spray and to attain maximum improvement, the patient should read and follow carefully the patient's instructions accompanying the product.

Drug Interactions: In a placebo-controlled crossover study in eight healthy volunteers, coadministration of a single dose of orally inhaled fluticasone propionate (1000 mcg, 5 times the maximum daily intranasal dose) with multiple doses of ketoconazole (200 mg) to steady state resulted in increased mean fluticasone propionate concentrations, a reduction in plasma cortisol AUC and no effect on urinary excretion of cortisol. This interaction may be due to an inhibition of the cytochrome

by the system by ketoconazole, which is also the route of metabo-

fluticasone propionate. No drug interaction studies have been conducted

Nasal Spray; however care should be exercised when fluticasone

Carcinogenesis, Mutagenesis, Impairment of Fertility. Fluticasone propionate demonstrated no tumorigenic potential in mice at oral doses up to 1000 mcg/kg, approximately 20 times the maximum recommended daily intranasal dose in adults and approximately 10 times the maximum recommended daily intranasal dose in children on a mg/m² basis, for 78 weeks or in rats at inhalation doses up to 57 mcg/kg, approximately 2 times the maximum recommended daily intranasal dose in adults and approximately equivalent to the maximum recommended daily

of these studies. No significant mutagenic effect was seen in cultured human

tested at high doses by the oral or subcutaneous routes. Furthermore, the compound did not impair arthrobacter conservation bone marrow.

[illegible] impairment of fertility was observed in reproductive studies conducted in female rats at subcutaneous doses up to 50 mcg/kg (approximately [illegible] the maximum recommended daily intranasal dose in adults on a mg/m² basis). Fluticasone was significantly reduced at a subcutaneous dose of

Pregnancy: ***Teratogenic Effects*** Pregnancy Category C. Subcutaneous studies

[illegible] have revealed fetal toxicity characteristic of potent corticosteroids. However, no teratogenic effects were reported at oral doses up to 300 mcg/kg, approximately 25 times the maximum recommended daily intranasal dose in adults on a mg/m² basis, of fluticasone propionate to the rabbit. No fluticasone propionate was detected in the plasma in this study, consistent with the established low bioavailability following oral administration (see CLINICAL PHARMACOLOGY).

Fluticasone propionate crossed the placenta following oral administration of [illegible] respectively, the maximum recommended daily intranasal dose in adults on a mg/m² basis.

There are no adequate and well-controlled studies in pregnant women. Fluticasone propionate should be used during pregnancy only if the potential benefit

[illegible] as opposed to physiologic doses suggests that rodents are more prone to teratogenic effects from corticosteroids than humans. In addition, because there is a natural increase in corticosteroid production during pregnancy, most women will require a lower exogenous corticosteroid dose and many will not need corticosteroid treatment during pregnancy.

Nursing Mothers: It is not known whether fluticasone propionate is excreted in human breast milk. Subcutaneous administration of tritiated fluticasone propionate to lactating rats (10 mcg/kg, approximately 1/3 the maximum recommended daily intranasal dose in adults on a mcg/m² basis) resulted in measurable radioactivity in milk. Because other corticosteroids are excreted in human milk, caution should be exercised when FLONASE Nasal Spray is administered to a nursing woman.

Pediatric Use: Five hundred (500) patients aged 4 to 11 years of age and 440 patients aged 12 to 17 years were studied in US clinical trials with fluticasone propionate nasal spray. The safety and effectiveness of FLONASE Nasal Spray in children below 4 years of age have not been established.

Oral and, to a less clear extent, inhaled and intranasal corticosteroids have been shown to have the potential to cause a reduction in growth velocity in children and adolescents with extended use. If a child or adolescent on any corticosteroid appears to have growth suppression, the possibility that they are particularly sensitive to this effect of corticosteroids should be considered (see PRECAUTIONS).

Geriatric Use: A limited number of patients above 60 years of age (n =132) have been treated with FLONASE Nasal Spray in US and non-US clinical trials. While the number of patients is too small to permit separate analysis of efficacy and safety, the adverse reactions reported in this population were similar to those reported by younger patients.

ADVERSE REACTIONS: In controlled US studies, 2427 patients received treatment with intranasal fluticasone propionate. In general, adverse reactions in clinical studies have been primarily associated with irritation of the nasal mucous membranes and the adverse reactions were reported with approximately the same frequency by patients treated with the vehicle itself. The complaints did not usually interfere with treatment. Less than 2% of patients in clinical trials discontinued because of adverse events; this rate was similar for vehicle placebo and active comparators.

Systemic corticosteroid side effects were not reported during controlled clinical studies up to 6 months' duration with FLONASE Nasal Spray. If recommended doses are exceeded, however, or if individuals are particularly sensitive, or taking FLONASE Nasal Spray in conjunction with administration of other corticosteroids, symptoms of hypercorticism, e.g., Cushing's syndrome, could occur.

The following incidence of common adverse reactions (>3%, where incidence in fluticasone propionate-treated subjects exceeded placebo) is based upon seven controlled clinical trials in which 536 patients (57 girls and 108 boys aged 4 to 11 years, 137 female and 234 male adolescents and adults) were treated with FLONASE Nasal Spray 200 mcg once daily over 2 to 4 weeks and two controlled clinical trials in which 246 patients (119 female and 127 male adolescents and adults) were treated with FLONASE Nasal Spray 200 mcg once daily over 6 months. Also included in the table are adverse events from two studies in which 167 children (45 girls and 122 boys aged 4 to 11 years) were treated with FLONASE Nasal Spray 100 mcg once daily for 2 to 4 weeks.

Overall Adverse Experiences With >3% Incidence on Fluticasone Propionate in Controlled Clinical Trials With FLONASE Nasal Spray in Patients 4 Years With Seasonal or Perennial Allergic Rhinitis

	Vehicle Placebo (n=758)	FLONASE 100 mcg Once Daily (n=[illegible])	FLONASE 200 mcg Once Daily (n=[illegible])
Headache	14.6	6.6	16.1
Pharyngitis	7.2	6.0	7.8
[illegible]	5.4	[illegible]	6.9
Nasal burning	2.6	[illegible]	3.2
[illegible]	[illegible]	4.8	[illegible]
Asthma symptoms	[illegible]	7.2	3.3
Cough	[illegible]	3.6	3.8

Other adverse events that occurred in ≤3% but ≥1% of patients and that were more common with fluticasone propionate (with uncertain relationship to treatment) included: blood in nasal mucus, runny nose, nasal irritation, abdominal pain, diarrhea, fever, flu-like symptoms, aches and pains, dizziness, bronchitis.

Observed During Clinical Practice: In addition to adverse events reported from clinical trials, the following events have been identified during postapproval use of fluticasone propionate in clinical practice. Because they are reported voluntarily from a population of unknown size, estimates of frequency cannot be made. These events have been chosen for inclusion due to either their seriousness, frequency of reporting, causal connection to fluticasone propionate, occurrence during clinical trials, or a combination of these factors.

General: hypersensitivity reactions, including angioedema, skin rash, edema of the face and tongue, pruritus, urticaria, bronchospasm, wheezing, dyspnea and anaphylaxis/anaphylactoid reactions, which in rare instances were severe.

Ear, Nose, and Throat: Alteration or loss of sense of taste and/or smell and, rarely, nasal septal perforation, nasal ulcer, sore throat, throat irritation and dryness, cough, hoarseness, and voice changes.

Eye: Dryness and irritation, conjunctivitis, blurred vision, glaucoma, increased intraocular pressure, and cataracts.

OVERDOSAGE: Chronic overdosage with FLONASE Nasal Spray may result in signs/symptoms of hypercorticism (see PRECAUTIONS). Intranasal administration of 2 mg (10 times the recommended dose) of fluticasone propionate twice daily for 7 days to healthy human volunteers was well tolerated. Single oral doses up to 16 mg have been studied in human volunteers with no acute toxic effects reported. Repeat oral doses up to 80 mg daily for 10 days in volunteers and repeat oral doses up to 10 mg daily for 14 days in patients were well tolerated. Adverse reactions were of mild or moderate severity, and incidences were similar in active and placebo treatment groups. Acute overdosage with this dosage form is unlikely since one bottle of FLONASE Nasal Spray contains approximately 8 mg of fluticasone propionate.

The oral and subcutaneous median lethal doses in mice and rats were >1000 mg/kg (>20000 and >41000 times, respectively, the maximum recommended daily intranasal dose in adults and >10000 and >20000 times, respectively, the maximum recommended daily intranasal dose in children on a mg/m² basis).

GlaxoWellcome

Glaxo Wellcome Inc.
Research Triangle Park, NC 27709

October 1997
RL-494
GLA [illegible] 2M

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SWIMSUITS U.S.A. Pages 122–127 Alabama: Jones New [illegible] (style #J0623), $92, turquoise 1-pc. hi-neck, modifi [illegible] **Alaska:** Speedo (style #722-404), $70, orange zip front [illegible] **Arizona:** Nike from Everything But Water (style #2N280 [illegible] red tank with black side panels, modified leg. **Arkansas:** [illegible] (style #581-304), $78, blue geometric halter, modif [illegible] **California:** Gottex (style #G20-032; extension 21 [illegible] leopard lingerie tank, modified leg, earrings, Agatha **Col** [illegible] Liz Claiborne (style #71315), $82, white belted suit, hi-scoop back, hi-leg; hat, Eric Javits, scarf, Echo **Connec** Jones New York (style #J0323), $80, navy and white [illegible] suit, hi-neck, modified leg, hat, GAP; towel, Ralph L [illegible] **Delaware:** Guess (style #580–104), $70, floral lingeri [illegible] scoop neck, hi-leg; hat, Patricia Underwood. Too **F** [illegible] Gottex (style #813-931; extension 18), $158, floral t [illegible] sunglasses, Calvin Klein, towel, Garnet Hill. **Georgia:** [illegible] (style #8230), $38.50, floral 2-pc. halter bra, skirted [illegible] towel, Ralph Lauren, hat, Patricia Underwood. **Hawaii:** [illegible] New York (style #50743), $86, red and white floral, m [illegible] leg. **Idaho:** Speedo (style #722-426), $70, black color-bl [illegible] tank, square neck, hi-leg; dress, Guess. **Illinois:** Pro S [illegible] Target, $19.99, color-blocked tank, X-back, modifi [illegible] **Indiana:** Danskin (style #9792), $48, red suit with [illegible] contrast piping, hi-neck, modified leg. **Iowa:** Jantzen [illegible] #2S520), $70, black tank with blue striping, sunglass [illegible] Calvin Klein. **Kansas:** Target, $13.99, fuchsia ribbed ta [illegible] leg, bathing cap. Speedo. **Kentucky:** VM Sport by Via [illegible] (style #V-6508), $62.95, floral halter top, boy short t [illegible] bathing cap and goggles. Speedo. **Louisiana:** Kathy Irel [illegible] Kmart (top, style #93048, bottom, style #93078), $14.9 [illegible] piece, blue underwire top, boy short, hat, GAP. **Maine:** [illegible] End (style #50708), $54, tank, racing back; sung [illegible] RALPH by Ralph Lauren. **Maryland:** Guess (style #58 [illegible] $70, 2-pc. paisley halter, boy short; sunglasses, RAL [illegible] Ralph Lauren, hat, GAP. **Massachusetts:** Oscar by Os [illegible] Renta (style #55052D8), $82, blue tank, square scoo [illegible] hi-leg, sunglasses, Polo Sport. **Michigan:** Jones Ne [illegible] (style #50926), $82, navy and white striped tank. **Minn** Anne Klein (style #3200), $68, empire tank, headband [illegible] Vuille at Boyd's Madison Avenue, robe, Calvin [illegible] **Mississippi:** Viewpoint by Gottex (style #G11905, ex [illegible] 22), $88, pique striped tankini with boy short. **Misso** Claiborne (style #71305), $77, racer tank, hi-neck, m [illegible] leg, shoes, Lauren by Ralph Lauren, sunglasses, CK [illegible] Klein. **Montana:** OMO Norma Kamali (style #8044 NL), [illegible] color-blocked V-neck tank, goggles, Speedo. **Nebraska:** [illegible] Klein from Everything But Water (style #K-7078), $89 [illegible] surplice wrap tank; hat, GAP. **Nevada:** OMO Norma [illegible] (style #8229 F65), $400, pink fringe bikini; sandals, [illegible] Weitzman. **New Hampshire:** Jantzen (style #2S762), $7 [illegible] toned blue tank, V-neck, modified leg, towel, Garnet H [illegible] GAP. **New Jersey:** Liz Claiborne (style #71307), $58 [illegible] tank X-back, modified leg. **New Mexico:** Liz Claiborn [illegible] #71307), $58, lingerie tank, X-back, hi-leg. **New York** [illegible] Norma Kamali (style #8013 B), $125, 1 shoulder [illegible] sunglasses, Riviera at JCPenney. **North Carolina:** Ac [illegible] Vittadini (style #V4174), $90, 2-pc. halter top, hi-leg; s [illegible] Marcasiano. **North Dakota:** Liz Claiborne (style #71314 [illegible] yellow floral tank, U-back, modified leg. **Ohio:** Land [illegible] (style #50746), $62, pink ribbed suit with hi-neck. **Okla** Speedo (style #722410), $70, black halter with neo [illegible] modified leg. **Oregon:** Anne Cole (style #75851Q8) [illegible] purple/white tankini. **Pennsylvania:** Anne Klein (style [illegible] $78, pink/orange tank, modified leg. **Rhode Island:** A [illegible] Vittadini (style #V3982), $88, gingham bikini, hi-le [illegible] Patricia Underwood, cover-up, Gottex. **South Carolina:** [illegible] Piccone (style #281402), $126, halter bikini, hat, R [illegible] Underwood. **South Dakota:** Anne Cole from Everythi [illegible] Water (style #75783H8), $86, floral tank, modifi [illegible] sunglasses, Riviera at JCPenney. **Tennessee:** Cazim [illegible] #5968), $88, 1-pc. striped tank, hi-neck, modifi [illegible] bathing cap, Jantzen. **Texas:** Gottex (style #84 [illegible] extension 16), $120, floral tank, deep back, hi-leg, [illegible] Gottex (style #840-501, extension 17), hat and boots, [illegible] Chips, NYC. **Utah:** Gottex (style #813-156; extensio [illegible] $122, 1-pc. U-back, scoop front. **Vermont:** Lands' En [illegible] #40562), $54, brown tank, square neck, U-back, m [illegible] leg. **Virginia:** Anne Cole (style #75364D8), $54, linger [illegible] modified leg. **Washington:** Kathy Ireland for Kmart 2-p [illegible] style #93128, bottom, style #93158) $14.99 each [illegible] underwire top, mini-check boy short. **West Virginia:** [illegible] (style #2T920), $74, hi-neck black tank, hat, GAP. **Wisco** Liz Claiborne (style #71204), $100, yellow plaid [illegible] miniskirt bottom. **Wyoming:** Cole (style #15110M8), $ [illegible] neck tank, modified leg, sunglasses, Polo Sport.

To contact suppliers: Anne Cole and Cole, 800-547-7 [illegible] Anne Klein, 800-765-7675; Cazimi, 800-647-6 [illegible] Everything But Water, 407-351-4069; Gabar, 801-5 [illegible] 6335; Gottex, 800-225-SWIM + (extension #, see indi [illegible] states); Guess, 800-285-5815; Jantzen, 800-238-M [illegible] *www.jantzen swim com*; Jones New York, 888-4JNY M [illegible] Kmart, 800-866-0086; Lands' End, 800-356-4 [illegible] *www.landsend.com*; Liz Claiborne, 212-575-5714; [illegible] Kamali, 800-8KAMALI, *www omo-norma-kamali com*; [illegible] de la Renta, 800-547-8770; Robin Piccone, 800-285-8 [illegible] Speedo, 800-5-SPEEDO; Target, 800-800-8800; Ad [illegible] Vittadini, 800-647-6335; VM Sport, 213-887-7448.



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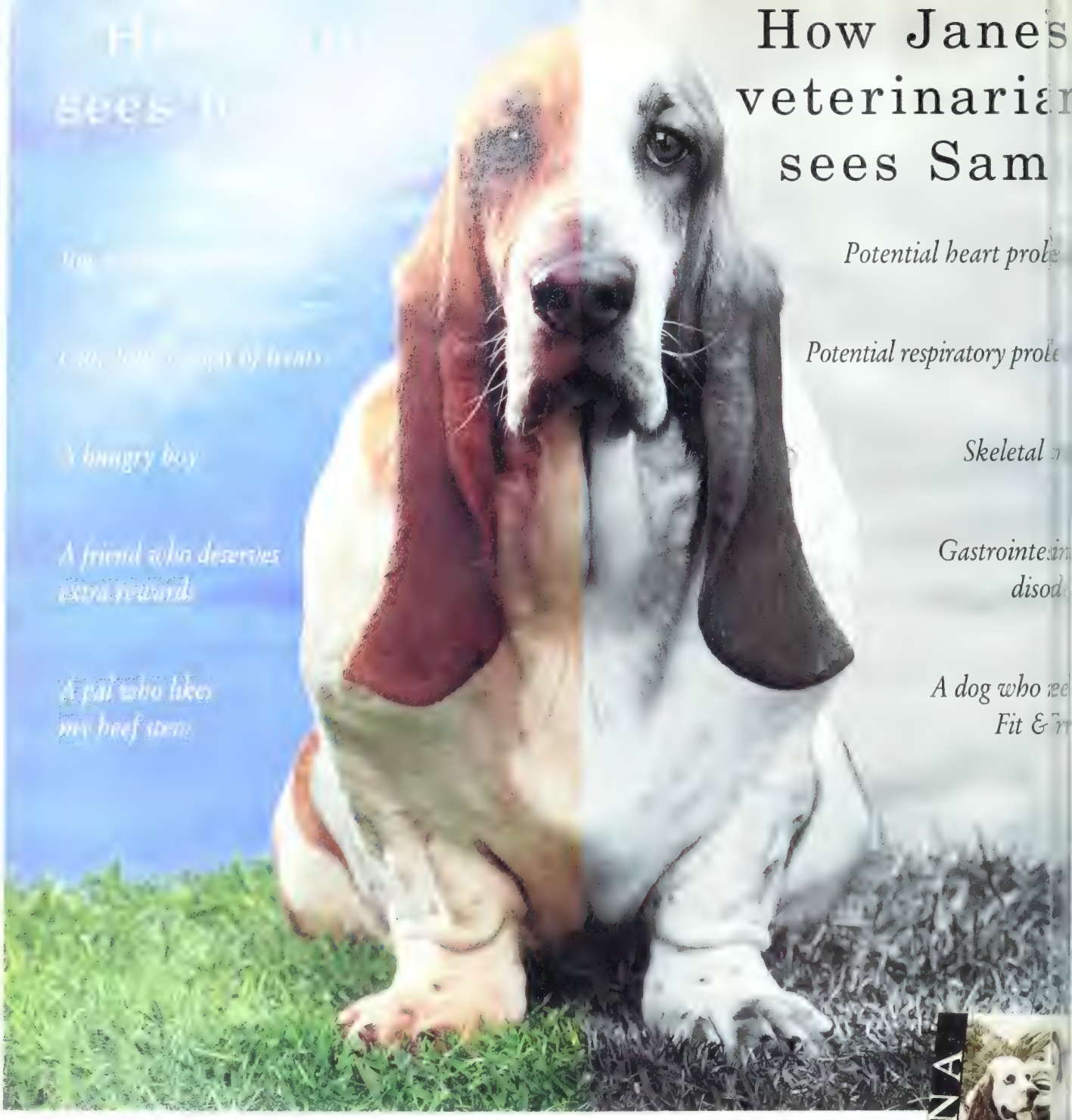
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Continued from page 129

1. Women use more of their brains.

"Whatever women do—even just wiggling their thumbs—their neuron activity is more greatly distributed throughout the brain," says Mark George, M.D., a psychiatrist and neurologist at the Medical University of South Carolina, in Charleston, and a pioneer in using sophisticated neuro-imaging techniques, such as MRI (magnetic resonance imaging). As George explains it, when a male puts his mind to work, neurons turn on in highly specific areas. When a woman does, so many brain cells light up that the scans look like a night view of Las Vegas. Though researchers have not yet discovered the reason for this difference, one possible—though controversial—explanation is that the corpus callosum, the bridge of fibers running down the center of the brain, may be thicker in females, allowing more crosstalk between the emotional, intuitive right hemisphere and the rational, just-the-facts left.

Because the male brain is more compartmentalized, George notes, men may be better able to focus intensely. This may explain why husbands can immerse themselves in the sports pages while the baby cries, the phone rings and the dog barks.

"Traditionally, a male's main function was to defend territory, find food, find a female," says neuroanatomist Marian Diamond, Ph.D., of the University of California at Berkeley. "He had to be able to focus in order to survive. What the female needed as a mother was to be ready to go in all directions in order to protect her young."

A woman's whole-brain modus operandi is just as valuable for the way we live today. With so many things to do, no woman could possibly get by using half her brain.

2. The female brain responds more intensely to emotion.

Three years ago, when psychiatrist George scanned the brains of men and women as they received a range of emotional experiences, he wasn't expecting to find any major gender differences. "When I did, they were so huge that I hesitated to report them," he recalls. His research showed that the sexes clearly respond differently during emotions, especially sadness. In his experiments, melancholy feelings activated neurons in an area eight times larger in women than in men.

"The experiences that evoked sadness in our volunteers all involved family, friends and loved ones," says George. "They were rarely about work or achievement."

Neuroscience may be confirming what psychologists have been telling us for years: Relationships matter more to women. And our brains' intense reaction to their loss may, at least in theory, increase our vulnerability to depression, which is twice as common in women as in men.

The female brain also can detect others' emotions more accurately. Raquel Gur and her husband, Ruben Gur, Ph.D., a psychologist, did brain scans on volunteers who looked at photographs of actors depicting various emotions. Both sexes knew happiness when they saw it, but the men had a much harder time recognizing sadness, especially in women. "A woman's face had to be really sad for a man to see it," Ruben Gur says. "The subtle expressions went right by them, even though their brains were working harder to figure it out. When it comes to reading emotion, men just don't get it."

3. The female brain is wired for expression, not aggression.

When they studied women and men in a state of relaxation, the Gurs noticed differences in the limbic system, a ring of structures within the brain that process the entire spectrum of human emotion. Most male brains "idle" in an ancient region of this system sometimes called the *reptilian brain* that gives rise to active expressions of emotion, such as aggression and violence. The rest-

Continued on page 173

"We've found that at every age, both genders can change brain structures and improve abilities," says neuroanatomist Marian Diamond. Here are some ways to go about it:

- **SEEK OUT STIMULATION. "Newness is exceedingly important," says Diamond. "But no two human brains are the same, so each person will be stimulated by different things." For some, travel provides energizing novelty; for others, painting does.**
- **USE EMOTIONAL TAGS. If you want to remember the name of a restaurant, remember how you felt the last time you were there. Do the same when adding any new information to your memory banks.**
- **PRACTICE SKILLS THAT DON'T COME AUTOMATICALLY TO YOU. For instance, if you've never had a head for figures, strengthen your math skills by using your brain—rather than a calculator—to balance your checkbook.**
- **WATCH YOUR BLOOD PRESSURE. If untreated, hypertension can cause fuzzy thinking later in life and can increase the risk of stroke and age-related memory loss.**
- **DON'T NEGLECT SLEEP. "Women often underestimate the profound effect that fatigue has on memory and concentration," says psychologist Thomas Crook. "Variations in a normal sleep cycle can diminish performance by thirty percent." The impact of sleep loss gets even worse as we get older.**
- **EXERCISE YOUR BODY. "Strong data show that physical fitness is important to cognitive function," says Crook. Regular exercise—especially aerobic workouts—may enhance mental sharpness by improving circulation of blood and oxygen through the brain as well as the body.**
- **EAT SENSIBLY. "Protein is essential [to the brain], as are B vitamins," says Diamond. "You want to enrich your brain, so you need a balanced diet." —D.H.**

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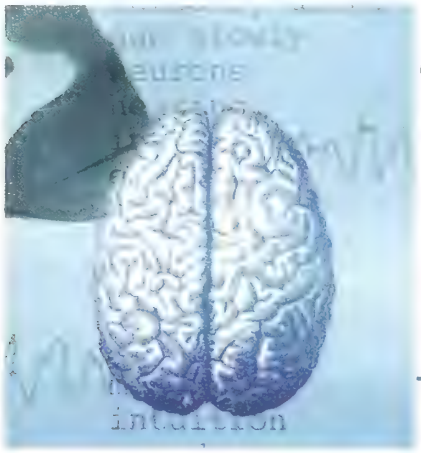
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symbolic forms of expression, such

emotionally more primitive than women? "The logical conclusion is yes," says Ruben Gur. "At the least, this difference may explain why men are prone to physical action, while women opt for verbal tactics. Beating somebody up comes from the old limbic brain. Saying 'I'm angry with you' comes from the new limbic. You could argue that



women are one half step ahead of men in evolution in the sense that they use the newer part of the brain more in dealing with emotion."

4. The female brain has a way with words.

Girls generally speak sooner, learn to read faster and have fewer learning disorders. The reason, according to Yale University professors of neurology Sally Shaywitz, M.D., and Bennett Shaywitz, M.D., may be that they use neural regions on both sides of the brain when they read or engage in other verbal exercises. In contrast, males draw only on neural regions in the left hemisphere.

The biological approach may give to dra emotions and experi-

the reasoning powers of the logical left brain. As adults, women tend to be more verbally adept than men: In timed tests, women think of more words that start with the same letter, list more synonyms and come up with names for colors or shapes more quickly than men. Women even memorize letters of the alphabet faster.

But the female brain's dual-hemisphere language processing provides a far more significant benefit: It helps women who suffer stroke or brain injury recover more easily. "Because women activate a larger number of neurons than men when they speak or read, they're less vulnerable if part of the brain is damaged," says George. "In medicine, we've observed that women who have strokes tend to regain more of their verbal abilities than men do, and their use of neurons in both hemispheres may be why."

5. Sexual pleasure may register in a different location in the female brain.

According to a recent medical report, a Scottish woman developed a most unusual complaint: uncontrollable orgasms that interrupted her driving, conversations and daily routines. Since these "sexual seizures" began about the same time as intense headaches, her doctors suspected the problem might lie in her brain. Tests did indeed reveal an abnormality in the right temporal lobe—a highly developed part of the brain—that was probably caused by an undetected hemorrhage several years before. Treatment with anti-seizure medication relieved the woman's symptoms—and led her doctors to speculate that female orgasms may originate in a different brain location than male climaxes. In a previous report on a man with a similar disorder, doctors had pinpointed the hypothalamus, a more primitive brain region, as the site of male sexual satisfaction.

6. Women notice more than men and navigate differently.

On the road, women pay more attention than men to what they see, particularly to landmarks like the coffee shop on the corner or the church across from the playground. When retracing a route or giving directions, women rely on such landmarks—unlike men, who think in terms of direction and distance (half a mile west, then north two miles).

An innate sense of space and distance may be part of a human male's biological legacy. "I suspect that males are born with some biological component that gives them an edge in spatial tasks," says Deborah Blum, a science writer and author of *Sex on the Brain* (Viking, 1997), who notes that males consistently score higher in exercises such as mentally rotating an object in three dimensions. Once this skill may have translated into better aim when hurling a spear at a woolly mammoth; today it may explain why my husband can park a minivan in a space the size of a postage stamp.

Women's spatial skills do improve with time and experience. By middle age, women's scores on spatial tests are about equal to men's; later in life, they surpass them.

7. A woman's vision is more acute and her hearing is more sensitive.

Male and female brains perceive light and sound very differently, says neurologist Karl Pribram, M.D., director of the Center for Brain Research and Informational Sciences at Radford College, in Radford, *(continued on page 184)*

Are men emotionally more primitive than women? "The logical conclusion is yes," says one expert

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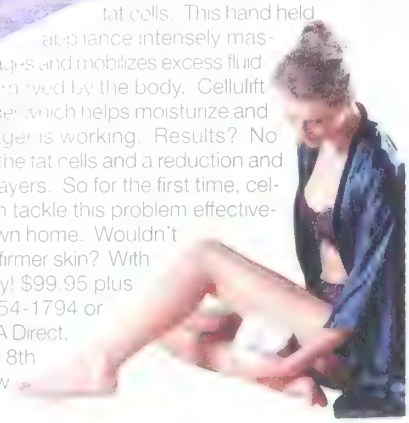
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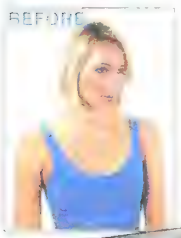
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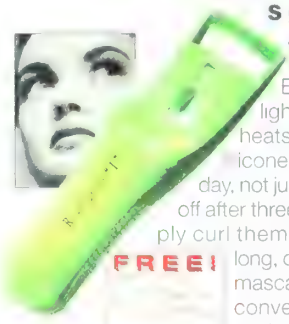
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Continued from page 170

Virginia. A woman's hearing tends to be so sensitive that she can often hear whispers that never even register to a man's ear. And her vision is so much more acute that she can tread her way along a slippery path by moonlight as he squints before taking a single step.

Sensory tests confirm that men are less tolerant of bright light but retain their ability to see well at all distances as they age. A woman's vision begins to decline between ages thirty-five and forty-four; a man's, between forty-five and fifty-four.

"At every age, women's memories outperform men's"

On the other hand, women hear a much broader range of sounds than men. Female hearing doesn't start to deteriorate until the late fifties; men start losing their ability to detect high tones in their late forties.

8. A woman's memory is sharper.

"At every age, women's memories outperform men's," reports psychologist Thomas Crook, Ph.D., president of Psychologix, a research organization based in Bethesda, Maryland, and Scottsdale, Arizona, that has tested the memories of more than 50,000 men and women. "Women have a greater ability to associate names with faces than men do, and they're also better at recalling lists of things, like groceries and details of personal experiences."

Both genders are prone to age-associated memory loss, which diminishes the ability to remember words and names by as much as 50 percent between ages twenty-five and sixty-five. However, says Crook, women's memories generally stay stronger. One reason may be that we have a unique way of filing information in our memory banks.

"The events people remember best are those that we tag with an emotion," Crook says. "Since women use more of their right brains, which process emotions, they may do this automatically."

9. The female brain ages more slowly than the male's.

A new study reported in *The Archives of Neurology* earlier this year found that the male brain shrinks faster than the female brain.

In fact, according to Ruben Gur, who has done his own research on women and men at various ages, the male brain loses tissue at almost three times the rate the female brain does. Because of this gender difference, men's brains, which are larger and heavier than women's when both are young, shrink so much that their all-important frontal lobes are approximately the same size by the time both sexes reach their forties.

Other parts of men's brains also atrophy more rapidly. "If you look at men in the age range from eighteen to forty-five, you see a steady decline in abilities, and this decline is correlated with a decline in frontal-lobe volume," says Gur. "We don't see a trend in women the same age toward any deterioration of abilities or brain volume." Among the consequences of male brain shrinkage are poorer memory, less ability to pay attention—and greater irritability. "Yes, men do get grumpier with old age," says Gur. "You can blame it on their brains."

The reason that men's brains change size so drastically may have to do with fuel efficiency. The female brain seems able to reduce its metabolic rate—that is, its use of brain glucose—over time, whereas the brains of older men metabolize glucose at higher rates than when they were younger. Women, in other words, gear down to a more fuel-efficient cruising speed as they age, while male brains keep revving the engine—possibly because of testosterone's influence. "Even though women also lose some tissue as they age, they seem to be riding herd on what's left," says Gur. This difference, he speculates, may be part of the reason that females generally outlive males.

But while women's brains are more durable, they do have one greater vulnerability as they get older: a threefold increase in risk for Alzheimer's disease. Of the approximately four million Americans affected by this form of dementia, an estimated three quarters are women. Researchers believe this may be due to the declining levels of estrogen as women age. According to preliminary tests, estrogen replacement therapy may reduce the risk of Alzheimer's and delay the symptoms of the disease in women.

10. The female brain is more intuitive.

Because of the constant crosstalk between the left brain's rationality and the right's emotionality, the female brain may make connections that might not occur to a man. Some call this skill a form of emotional intelligence; others think of it as woman's intuition.

"Intuition involves a network in the brain and the body," explains Mona Lisa Schulz, M.D., Ph.D., a psychiatrist in private practice in Portland, Maine, and author of *Awakening Intuition* (Crown, 1998). "We've learned that people use multiple areas of the brain when making decisions—intuitive or otherwise. And because women's brains are less lateralized, they may have better access to both sides of the brain. They usually don't see things as cut-and-dried, the way men do."

This can be a real advantage in every part of a woman's life—whether it's figuring out why a young child seems anxious or why office morale has slumped. "Because they're so good at seeing emotional nuances," notes Raquel Gur, "women can read what's happening quickly and ask themselves: What should I say now?" ●

Dianne Hales is a contributing editor of Ladies' Home Journal.

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A few months later, Kim enrolled in business school, and after graduation in 1986, she walked into an employment agency looking for work. They offered her a job as a recruiter. She has been in the employment industry ever since.

That same year, Kim met Mark Stapleton, a doctoral student in clinical psychology. Kim told him her entire story. "He was incredibly accepting," Kim says. Three years later, they were married.

Occasionally, Kim still craves a drink, especially at the holidays. "In AA, they teach you to think the drink through," she says. "The first sip is wonderful. Then I ask myself, Is the first sip worth what happens five hours later? The answer is no every time for me."

Kim is well aware that her children are predisposed to become alcoholics. "When they are old enough, I'll tell them about my drinking. I want to create an environment where they will feel safe to say anything to me, an environment of open communication."

What does she tell other women who have drinking problems? "That they're not alone, and that there is another way of living," says Kim. "The road to recovery is challenging and difficult, but what's on the other side is truly beyond your wildest dreams." ●

Bob Trebilcock writes for Reader's Digest and other publications.

WHY WOMEN DRINK

Continued from page 70

be like sober, it was amazing. I felt great. Things looked brighter. The obsession to drink was removed."

After she left the treatment center, Kim stayed at a halfway house, an added measure of support before reentering the real world. She also went into therapy.

What Drives Women To Drink

There is no one reason that women drink, just as there is no simple explanation why men drink. Here are some of the many factors involved:

- **GENETICS AND ENVIRONMENT** **Female alcoholics are more likely than male alcoholics to have a family history of the disease.**
- **EMPLOYMENT** **Women who work in male-dominated occupations tend to drink more heavily than those in other occupations. According to the study by CASA, women who work outside the home are 67 percent more likely to drink heavily than homemakers.**
- **MARRIAGE** **Women who have never been married are 50 percent more likely to drink heavily than married women.**
- **CHILD ABUSE** **Alcoholic women are twice as likely as nonalcoholic women to have been beaten or sexually abused as a child.**
- **SEXUAL DYSFUNCTION** **Women alcoholics are likely to suffer sexual dysfunction because alcohol depresses their sexual response. They may then drink to try to "treat" the problem, but alcohol only makes it worse.** —B.T.

LADIES' HOME JOURNAL

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MY BODY, MY FREEDOM

Continued from page 77

Four hours later, Fauziya was handcuffed and on a van to the Esmor Detention Center, in Elizabeth, New Jersey. She finally reached her cousin Rahuf by phone on Sunday morning; he called her uncle in New Jersey, who promised he'd call his lawyer on Monday. She was overjoyed.*

I hugged Mary*, my cellmate from Ghana who was also seeking asylum and who had been here for four months. "You should get a lawyer, Mary, so you can get out, too."

Mary hesitated. "Everybody here has a lawyer, Fauziya." My stomach twisted. "It's not up to the lawyers. You have to wait to see the judge. We are all waiting for that."

They must have bad lawyers, I said to myself. But each time I called Rahuf, he said my uncle still didn't know when the lawyer would be coming. After a week of this, Rahuf said he would ask his own lawyer, Eric Bowman, to take the case.

**Name has been changed.*



Fauziya began to despair after parole was repeatedly denied

Bowman visited her about two weeks later, for her initial hearing. The judge gave them until January 19 to submit an application for political asylum.

I called Rahuf and told him my hearing would be on the nineteenth, and both of us cheered. A few days later, he set me straight: The nineteenth was the *filing* date. My hearing wasn't until the twenty-second—of *June*. Five months. How could I survive in this cold, stinking, airless, windowless, noisy room, with nothing to do but watch TV or lie on my bed, thinking and crying, hour after hour? Eventually, I realized I had to get down to the business of surviving. I began by resuming my prayers.

A few weeks later, we got word we couldn't shower before six A.M. I was just finishing washing for five A.M. prayers when a guard came in and ordered me to turn the water off.

I was standing at the sink, fully dressed. "I'm not showering," I said. "I'm washing for prayer." I kept washing and silently reciting the appropriate prayers. She turned off the water and stormed away.

The next morning, the moment I turned on the water, she came banging into the room. "Turn it off!" she bellowed. "No washing before six!"

"I'm sorry, I have to wash," I said calmly. "It's part of my prayers."

"That's it!" she said. I soon found



myself in a tiny cell with a metal bed, toilet and sink. I had no way of telling time, no reference points, just blank walls. Three times that day the cell door opened and a guard brought me a meal. At the end of the day, the lights went out. A minute or an eternity later, they went back on. I cried, but no one heard me.

Meanwhile, Layli Miller Bashir, a law student at American University, in Washington, D.C., was learning everything she could on the subject of FGM, a practice she had become familiar with as a young woman traveling in Gambia. Her paper on it had been accepted by the "American University Journal of Gender & The Law" for its April 1995 issue. By a fortunate coincidence, she was working for Bowman that summer.

Days before my hearing, I was jolted awake by a loud noise, like a bomb going off. The night exploded into terrifying sounds of chaos: glass shattering, metal slamming against metal, men shouting, the fire alarm ringing, women screaming.

The night-long riot, during which many of us were beaten and teargassed, ultimately brought about an investigation into conditions at Esmor. By morning, I was in a van with eleven other women, headed for the Hudson County Correctional Center, in Kearny-Hackensack, New Jersey. When I arrived, it was already above its official capacity of 1,500 inmates.

During the riots, a dormmate of Fauziya's had said, "They don't know how bad a real prison can be." Fauziya's education was about to begin.

"Strip," one of the female officers ordered. All twelve of us together? Until then I wouldn't have believed myself capable of registering any more degradation and trauma than I'd already endured during the riot.

The women at Esmor had all been INS detainees. These women—I didn't know who or what they were. This place was like a madhouse. I climbed into the top bunk in my cell and looked through the tiny slit of window there. I wanted to disappear into that slice of blue sky. I wanted to be with Yaya. I wanted to die.

On Friday, June 23, before four A.M., Fauziya was told to pack and was once again chained like a dangerous criminal and delivered to yet another prison, in York County, Pennsylvania. In early August, she was sent to Lehigh County Prison, her fourth in eight months. Her hearing was repeatedly delayed.

My stomach knotted when I saw my cell door. It had a narrow, head-high opening covered by a grate, and a little metal door at the bottom. A segregation cell.

I had had a bad reaction to the TB test, so here I was, wearing a mask, until they could get the results of a chest X ray. Finally, after two weeks, I was told I'd merely had a bad skin reaction. "That happens sometimes," the nurse said. She put me on the scale. I'd lost thirty pounds in nineteen days in segregation.

I was sent back to another scary, noisy cell pod, back to *(continued)*



meals served right on the tray. I felt lucky to be there after the hell I'd left.

Finally the day of the hearing came. One of the asylum officer questions was, "What is FGM?" Hollaway's and Layli's hearts sank. When the hearing was over, the judge rendered his decision: Asylum denied.

Eleven days after I had been refused asylum, First Lady Hillary Rodham Clinton addressed the United Nations Fourth World Conference on Women, proclaiming it "a violation of *human* rights when young girls are brutalized by the painful and degrading practice of genital mutilation." Layli was there. Devastated as she had been by the ruling, she knew there would be people in Beijing who could help her with my appeal. She came back her old passionate self.

God had renewed her strength, her faith. Layli was ready for the next stage in the battle for my freedom.

I no longer cared. Desperate to get out of prison, I wrote out a request to see the prison counselor. I was ready to let the INS send me home. I only wanted to end this torture.

But Layli wouldn't let me give up. Her idea was to take my case to the American University law clinic, where law students work under the supervision of some of the best experts in that field. When the clinic agreed to take my case, Layli came to see me with the good news.

Everything kicked into high gear. The push was on to get Fauziya paroled—she wasn't a security risk; she had committed no crime, and her health had suffered greatly in prison. Congresswomen Patricia Schroeder and Cynthia McKinney wrote letters of support.

Meanwhile, there was the upcoming appeal. The INS wasn't going to file a brief; the judge had already ruled against me in the most damaging way by finding that I wasn't credible. Karen Musalo, acting director of the clinic, wrote an exhaustive appeals brief; Equality Now, a human rights group, used the brief to solicit media interest. On December 10, 1995, a *New York Times* report on FGM cited my case. The publicity campaign was under way.

One morning, shortly after my nineteenth birthday, in January 1996, a guard came to my cell with a big plastic bag. "Pack your things," she said, and I whooped with excitement. But this wasn't the moment I had longed for. It turned out that I was being shipped back to York.

Fauziya was back in maximum security, assigned to a cell with a murder convict. Once again, she was ready to give up. Meanwhile, the Board of Immigration Appeals (BIA) directed the INS to respond to Musalo's brief; David Martin, INS General Counsel, was directly involved in writing it. In addition, a Congressional petition had gone out, asking Attorney General Janet Reno to ensure Fauziya's parole.

Lots of things were happening. That's why Karen felt justified in asking me for another month.



"Two weeks," I said.

"A month," she said.

"Okay," I said wearily. "One month."

But I was lying. I couldn't stay in prison another month. I filled out another request to see the INS counselor. "Tell the INS to come get me. I want to go home now. *Now*!"

Besides her asthma, which had been worsening for months, Fauziya had been suffering terrible stomach pains that the prison nurse dismissed as anxiety. Too sick, too tired and too discouraged to care what happened, she now simply wanted to go home. Her friends tried to rally her, but she was no longer reachable. Or so she thought.

One day, one of my fellow refugees called me over. She was leaning against the back wall of the shower stall, under the spray of water. It was so odd. Why was she showing herself to me naked? She patted her thigh and spread her legs wider apart. "Look here," she said.

I looked. I screamed. I covered my face with my hands and ran sobbing to the other side of the bathroom.

"Fauziya," she said gently but firmly, "you have to look. Have you ever seen what they do? All this talk about going back—*this* is what you're going back to."

I finally looked. There was nothing there. She had no genitals. Just smooth flesh with a long scar running vertically between her legs, and a hole for the urine and blood to pass through. She looked up at me. "You can't go back, Fauziya," she said. "Do you understand that now?"

I nodded, crying. "Yes," I said.

Karen Musalo received a copy of the INS's brief for the BIA hearing. They acknowledged that FGM could qualify as a basis for asylum, but contended that Fauziya's affidavit constituted new evidence, which would require that the case be remanded to the original judge. On March 17, the biggest article so far about Fauziya was published in "The Washington Post."

Spurred by the publicity, calls of support began to pour into the clinic. Equality Now sent out a "Women's Action," asking all their members and supporters worldwide to write letters to Attorney General Janet Reno and the INS *(continued)*

LHJ BOOK BAG



Do They Hear You When You Cry is the story of Fauziya Kassindja's struggle to escape mutilation and seek freedom in America. This 304-page hardcover book is available by arrangement with Bantam Doubleday Dell and sells for $30.95, which includes shipping, handling and applicable sales tax.

TO ORDER: Send your name and street address along with a check or money order to *Ladies' Home Journal*® Resources, Dept. L0598, P.O. Box 9381, Des Moines, IA 50306-9381. MasterCard and Visa users may call 800-763-6393. Please specify book title.



Commissioner. Complete strangers began writing to tell me they were rooting for me.

But by this time, my health had reached crisis state. Finally, after many requests, York prison gave my medical records to the clinic, who passed them on to Roshan Bashir, Layli's husband, a gastroenterologist. He suspected a peptic ulcer, which could lead to serious complications. York finally agreed to let me get an endoscopy, but on the day of the test, a guard told me it had been canceled. There was no explanation.

That same day, Herman Schwartz, a professor at American University with contacts in the Justice Department, suggested that my legal team submit a renewed request for parole directly to Janet Reno, along with a cover letter from him. Karen went right to work on it. I went off to the hospital, finally, for the endoscopy. I was so sick that I no longer cared. My only prayer was, Please, God, let it end.

On April 24, as Fauziya sat braiding another refugee's hair in the common room, the women noticed a crowd gathered in the parking lot.

The loudspeaker in the dormitory crackled. "Fauziya Kassindja! Report to admission!"

My heart stopped. There was a moment of absolute stillness. You only got called to admission if you were being released or deported. I was getting out! I was—no, wait. They hadn't said "bag and baggage." Maybe I wasn't getting out!

I took a deep breath and walked slowly out of the dorm. A supervising officer approached me and smiled. "There's a big crowd out there, Fauziya. I think you're being released."

God had heard my cries! I threw back my head and cried out to heaven, loud and rejoicing: "Allau Akbar! Allau Akbar! Allau Akbar!" Allah is great! Allah is great! Allah is great!

But first, I had to get my stuff. There, in the common room, looking around at all the women I had suffered with, the truth hit me like a blow. These women who had supported me—I loved them with all my heart. How could I leave them?

Aicha* took charge. "Hurry up, Fauziya," she ordered me sternly as the tears streamed down my face. "Go on. Get out of here."

A crowd was gathered just outside the open gates. They started clapping, whistling, cheering.

"Fauziya! Fauziya! Fauziya!"

Layli's voice! Shielding my face from the cameras, I ran, laughing, as fast as my legs could carry me across the parking lot. I was free!

Rahuf took me to his house that first Saturday, and we called Togo. I spoke with Ayisha, my beloved sister who had risked everything to help me escape. My sister, whom I hadn't seen or spoken to since the night she'd put me on the plane to Germany. Then Rahuf cooked up a lot of African food, and I ate and ate.

The BIA hearing took place on May 2. The courtroom was jammed with reporters and observers. It was over in an hour. The board thanked the lawyers for their work. They would release their decision later.

On June 13, 1996, the board issued its ruling: Asylum granted.

It has been a year and a half since I was released from York. I'm just starting to feel like, yes, this is my home. I'm in an apartment now. I have a computer. I even have E-mail. This is my new life.

I still miss my family terribly. I fear that by the time we do see each other again, they won't know me anymore. And Yaya. That hole in my heart will never heal. He still comes to me in my dreams. But that's all I have left of him now.

Still, I thank God every day, five times a day, for my good fortune. He has made me suffer, but he has also blessed me. Others are not so fortunate. They are being held in prisons or being sent back to terrible forms of suffering. The friends I made in prison cried for joy the day I walked out to freedom. They asked only one thing.

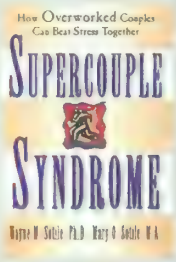
"Don't forget us, Fauziya."

I haven't forgotten. This isn't just my story. It's their story, too. ●

Fauziya Kassindja, who now lives in Virginia, plans to go to college in the fall.

LHJ BOOK BAG





As mentioned in "Chrissy, Incorporated" (page 92), Suzanne Somers has written a new book, After The Fall. This book candidly discusses how the chaos and conflict in her personal life mirrored her TV career and shows the steps she took to take control of her life. Somers takes readers behind the scenes of *Three's Company* to give them a look at the jealousy, back-stabbing and greed on a hit TV show. The 320-page hardcover sells for $29. Also in cassette audiobook, narrated by Suzanne Somers, for $22. Available by arrangement with Random House.

Two kids, two jobs—too much? The book Supercouple Syndrome by Wayne and Mary Sotile shows couples how to beat stress together (as excerpted in "Is Your Marriage Stressed-Out?" on page 84). Change your stressed-out style by changing your attitude, and enjoy better relationships with your loved ones. This 208-page clothbound book is available by special arrangement with John Wiley & Sons, Inc., and sells for $27.95.

All prices include shipping, handling and applicable sales tax. TO ORDER: Send your name and street address along with a check or money order to: *Ladies' Home Journal*® Resources, Dept. L0598, P.O. Box 9381, Des Moines, IA 50306-9381. MasterCard and Visa users may call 800-763-6393. Please specify book title.



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according to Benjamin H. Natelson, M.D., head of the Chronic Fatigue Syndrome Center at the University of Medicine and Dentistry–New Jersey Medical School, in Newark, and author of *Overcoming Fatigue* (Yale University Press, 1988). For these individuals, the problem may be chronic fatigue syndrome (CFS), a frustrating malady with a constellation of symptoms. Though some scientists suspect CFS has a viral connection, there is currently no definite cause or cure. Anyone can develop the syndrome, but women aged twenty-five to fifty are by far the most vulnerable.

There is no lab test to detect CFS, so diagnosis is tricky. To be classified as having CFS, a person must experience relapsing or persistent fatigue that fails to improve with rest and interferes with daily living. At least four of the following symptoms must accompany the fatigue for a minimum of six months: headache, joint or muscle pain, sore throat, tender lymph nodes, unrefreshing sleep, malaise following exertion and lapses in short-term memory and concentration. Secondary symptoms may include night sweats, depression and visual disturbances.

Treatment of CFS is difficult. But symptoms can often be improved, says Natelson, through a multifaceted approach of medications (mostly antidepressants, anti-inflammatories and sleeping aids), physical conditioning and coping strategies, such as support groups.

Despite the long list of possibilities, identifying the reason for fatigue and treating it may be quick and straightforward. Sometimes it's as simple as a blood test. For some women, however, the cause may be hidden and take longer to uncover. To help you search, find a caring, communicative doctor, extend your support network, and try to maintain a positive attitude, Natelson advises.

"There are a lot of ailments that medicine is unable to cure," he says. "But if a patient realizes that she's not responsible for getting sick and is really willing to work with her doctor, she can look toward improvement." ●

Ronny G. Frishman is a medical writer and editor in Rochester, New York.

Pinning Down a Diagnosis

A careful doctor acts like a detective: She examines the evidence, studies the clues and asks lots of questions. A smart patient brings her own queries, listens and takes notes. As a team, the patient and doctor can work together to unearth the cause of fatigue.

To help your doctor, keep a diary of your symptoms. Write down dates, durations and other circumstances that might play a role, such as unusual eating habits or stresses. Pay attention to the exact location of pains and seemingly unrelated symptoms, too.

You may also want to gather information yourself about the illnesses you suspect. Here, a list of resources that can provide accurate information:

- **The American Autoimmune Related Diseases Association (800-598-4668)**
- **The American Diabetes Association (800-342-2383)**
- **The American Dietetic Association (800-366-1655) for information on anemia, diabetes and hemochromatosis**
- **The American Psychological Association (800-374-3120) for information on depression**
- **The American Sleep Apnea Association (202-293-3650)**
- **The Chronic Fatigue and Immune Dysfunction Syndrome Association (800-442-3437)**
- **The Iron Overload Diseases Association (561-840-8512)**
- **The Lyme Disease Foundation (800-886-5963)**
- **The National Chronic Fatigue Syndrome and Fibromyalgia Association (816-313-2000)**
- **The National Depressive and Manic Depressive Association (800-826-3632)**
- **The Thyroid Foundation of America (800-832-8321)**

RIMADYL®

(carprofen)

Caplets

Non-steroidal anti-inflammatory drug

For oral use in dogs only

CAUTION: Federal law restricts this drug to use by or on the order of a licensed veterinarian.

DESCRIPTION: Rimadyl (carprofen) is a non-steroidal anti-inflammatory drug (NSAID) of the propionic acid class that includes ibuprofen, naproxen and ketoprofen.

INDICATIONS: Rimadyl is indicated for the relief of pain and inflammation in dogs. Rimadyl was shown to be clinically effective for the relief of signs associated with osteoarthritis in dogs.

DOSAGE AND ADMINISTRATION: The recommended dosage for oral administration to dogs is 1 mg/lb of body weight twice daily. Caplets are scored and dosage should be calculated in half-caplet increments.

CONTRAINDICATIONS: Rimadyl should not be used in dogs exhibiting previous hypersensitivity to carprofen.

PRECAUTIONS: As a class, cyclo-oxygenase inhibitory NSAIDs may be associated with gastrointestinal and renal toxicity. Effects may result from decreased prostaglandin production and inhibition of the enzyme cyclo-oxygenase which is responsible for the formation of prostaglandins from arachidonic acid. When NSAIDs inhibit prostaglandins that cause inflammation they may also inhibit those prostaglandins which maintain normal homeostatic function. These anti-prostaglandin effects may result in clinically significant disease in patients with underlying or pre-existing disease more often than in healthy patients. NSAID therapy could unmask occult disease which has previously been undiagnosed due to the absence of apparent clinical signs. Patients with underlying renal disease for example, may experience exacerbation or decompensation of their renal disease while on NSAID therapy.

Carprofen is an NSAID, and as with others in that class, side effects may occur with its use. The most frequently reported effects have been gastrointestinal signs. Events involving suspected renal, hematologic, neurologic, dermatologic, and hepatic effects have also been reported. Patients at greatest risk for renal toxicity are those that are dehydrated, on concomitant diuretic therapy, or those with renal, cardiovascular, and/or hepatic dysfunction. Since many NSAIDs possess the potential to induce gastrointestinal ulceration, concomitant use of Rimadyl with other anti-inflammatory drugs, such as corticosteroids and NSAIDs, should be avoided or very closely monitored. Sensitivity to drug-associated adverse events varies with the individual patient. For example, Rimadyl treatment was not associated with renal toxicity or gastrointestinal ulceration in well-controlled safety studies of up to ten times the dose in dogs.

Since a significant number of patients receiving Rimadyl are older dogs, it is advisable to conduct a geriatric examination and to consider appropriate laboratory tests to establish hematological and serum biochemical baseline data prior to administration of any NSAID. Periodic monitoring may be appropriate in certain patients. **Owners should be advised to watch for signs of drug intolerance, such as inappetence, vomiting, diarrhea, melena, PU/PD, anemia, jaundice, lethargy, ataxia, seizure, or behavioral changes** (See Adverse Reactions section). Recognition of possible drug related clinical signs accompanied by withdrawal of the drug, and supportive therapy if appropriate, has resulted in recovery of the vast majority of patients. The side effects of this drug class, in rare situations, may be serious and if corrective action is not taken may result in hospitalization and even fatal outcomes.

Rimadyl is not recommended for use in dogs with bleeding disorders (e.g., Von Willebrand's disease), as safety has not been established in dogs with these disorders. The safe use of Rimadyl in pregnant dogs, dogs used for breeding purposes, or in lactating bitches has not been established. Studies to determine the activity of Rimadyl when administered concomitantly with other protein-bound drugs have not been conducted. Drug compatibility should be monitored closely in patients requiring additional therapy.

WARNINGS: Keep out of reach of children. Not for human use. Consult a physician in cases of accidental ingestion by humans. **For use in dogs only.** Do not use in cats.

ADVERSE REACTIONS: During investigational studies, no clinically significant adverse reactions were reported. Some clinical signs were observed during field studies (n=297) which were similar for carprofen- and placebo-treated dogs. Incidences of the following were observed in both groups: vomiting (4%), diarrhea (4%), changes in appetite (3%), lethargy (1.4%), behavioral changes (1%), and constipation (0.3%). The product vehicle served as control.

The following occasionally occurring adverse drug reactions have been reported in association with the clinical use of Rimadyl:

Gastrointestinal: *Vomiting, diarrhea, inappetence, melena, hematemesis, gastrointestinal ulceration*

Behavioral: *Sedation, lethargy, hyperactivity, restlessness, aggressiveness*

Hepatic: *Inappetence, vomiting, jaundice, acute hepatic toxicity, hepatic [illegible] hyperbilirubinuria, hypoalbuminemia. Approximately one-third of hepatic [illegible]*

Renal: *Hematuria, polyuria, polydipsia, urinary incontinence, urinary tract infection, azotaemia, acute renal failure, tubular abnormalities including acute tubular necrosis, renal tubular acidosis, glucosuria*

Neurologic: *Ataxia, paresis, paralysis, seizures, vestibular signs*

Hematologic: *Immune-mediated hemolytic anemia, immune-mediated thrombocytopenia, blood loss anemia*

Dermatologic: *Pruritus, increased shedding, alopecia, pyotraumatic moist dermatitis (hot spots), necrotizing panniculitis/vasculitis, ventral ecchymosis*

Immunologic or hypersensitivity: *Facial swelling, hives, erythema*

To report suspected adverse reaction call 1-800-366-5288.

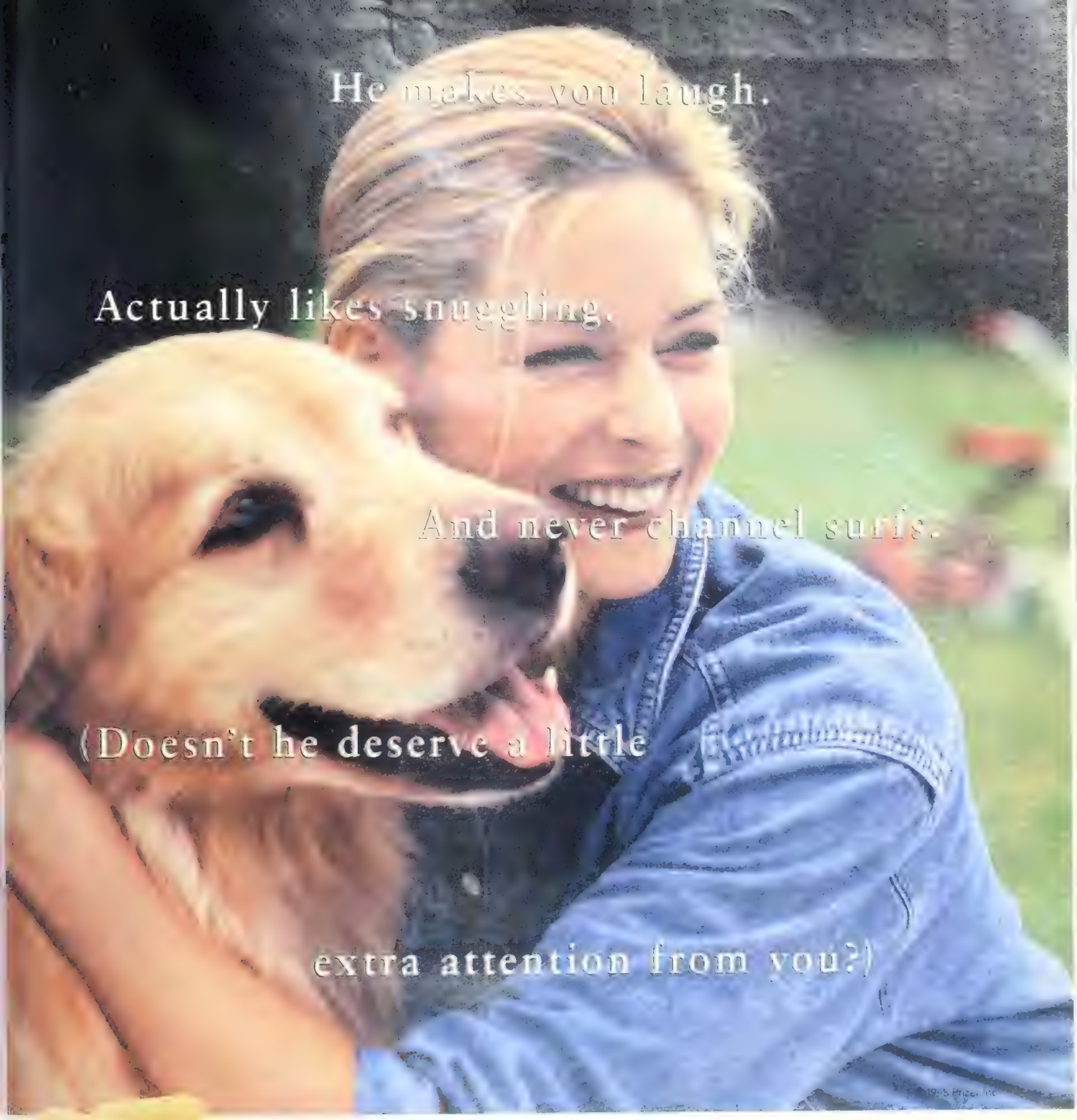
STORAGE: Store at controlled room temperature 15°–30°C (59°–86°F).

HOW SUPPLIED: Rimadyl caplets are scored, and contain 25 mg, 75 mg, or 100 mg of carprofen per caplet. Each caplet size is packaged in bottles containing 100 or 250 caplets.

To obtain technical assistance, call 1-800-366-5288.

Pfizer Animal Health

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Real Relief™ from arthritis pain.

Stiffness. Aching joints. Difficulty running, jumping or climbing stairs. These are just a few signs of arthritis that Rimadyl® (carprofen) can help dogs overcome. But they can't do it without you. So pay attention to your dog after normal activity. If you notice a loss of mobility or energy level, find out how Rimadyl has helped more than half a million dogs remain active family members.[1] Ask your veterinarian, or call 1-800-720-DOGS.



See brief summary on adjacent page for important information.

1. Proprietary market research, 1997.

Pfizer Animal Health

www.rimadyl.com

THANKS FOR EVERYTHING, MOM



When your child shoves a bouquet in your hands and mumbles "Happy Mother's Day," this is what he really means.

By Billy Bulanti

Thank you for always giving me a second chance.

• Thank you for telling me to read the fine print before I sign anything.

• Thank you for not taking the training wheels off until I asked.

• Thank you for smearing sunblock all over my face.

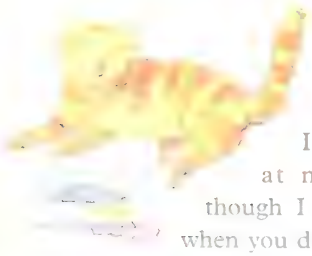


• Thank you for being—or at least doing a darn good job of acting—just as excited as I was at six A.M. on Christmas.

• Thank you for always including me in the conversation at the dinner table.

• Thank you for feeding the pet I swore I'd take care of.

• Thank you for taking the pledge sheet to work with you.



• Thank you for waiting up for me when I went out at night, even though I complained when you did.

• Thank you for not buying me everything I asked for.

• Thank you for making me wear my seat belt.

• Thank you for accepting my collect calls.

• Thank you for letting me stay up late to watch the end of the movie.

• Thank you for not finding me within the first few seconds when we played a game of hide-and-seek.

• Thank you for riding with me when I finally got my driver's permit.

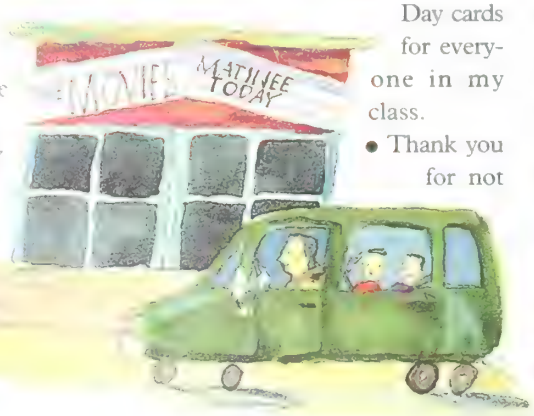
• Thank you for reading my favorite book—over and over.

• Thank you for letting me stay home from school when I was only a little bit sick.

• Thank you for ordering my school pictures—even the really funny-looking ones.

• Thank you for driving me to the movies and picking me up again, even though I never asked if you wanted to go.

• Thank you for buying Valentine's Day cards for everyone in my class.



• Thank you for not letting "everyone's doing it" be a good enough reason.

• Thank you for serving lunch in the fort.

• Thank you for never saying, "You ask too many questions."

• Thank you for letting me put bumper stickers on the car.

• Thank you for not belaboring the difference between having a crush and being in love.

• Thank you for warm clothes right out of the dryer.

• Thank you for thinking the flowers I picked were just as beautiful as the ones in the florist shop.



• Thank you for being more concerned about me than the car I totaled.

• Thank you for not making me give you a kiss when you dropped me off at school.

• Thank you for always displaying the cards I made for you.

• Thank you for always inviting my friends to stay for dinner.

• Thank you for taking me to the opera, even though I fell asleep.

• Thank you for showing me I was wrong when I insisted there was nothing to do on a rainy day.

• Thank you for telling me to call home at any hour of the night if I needed a ride.

• Thank you for knowing when I didn't want to talk about it. •

Billy Bulanti is a project manager for an Internet company and the youngest of three children.

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DIET SECRETS of Women Who Never Gain Weight

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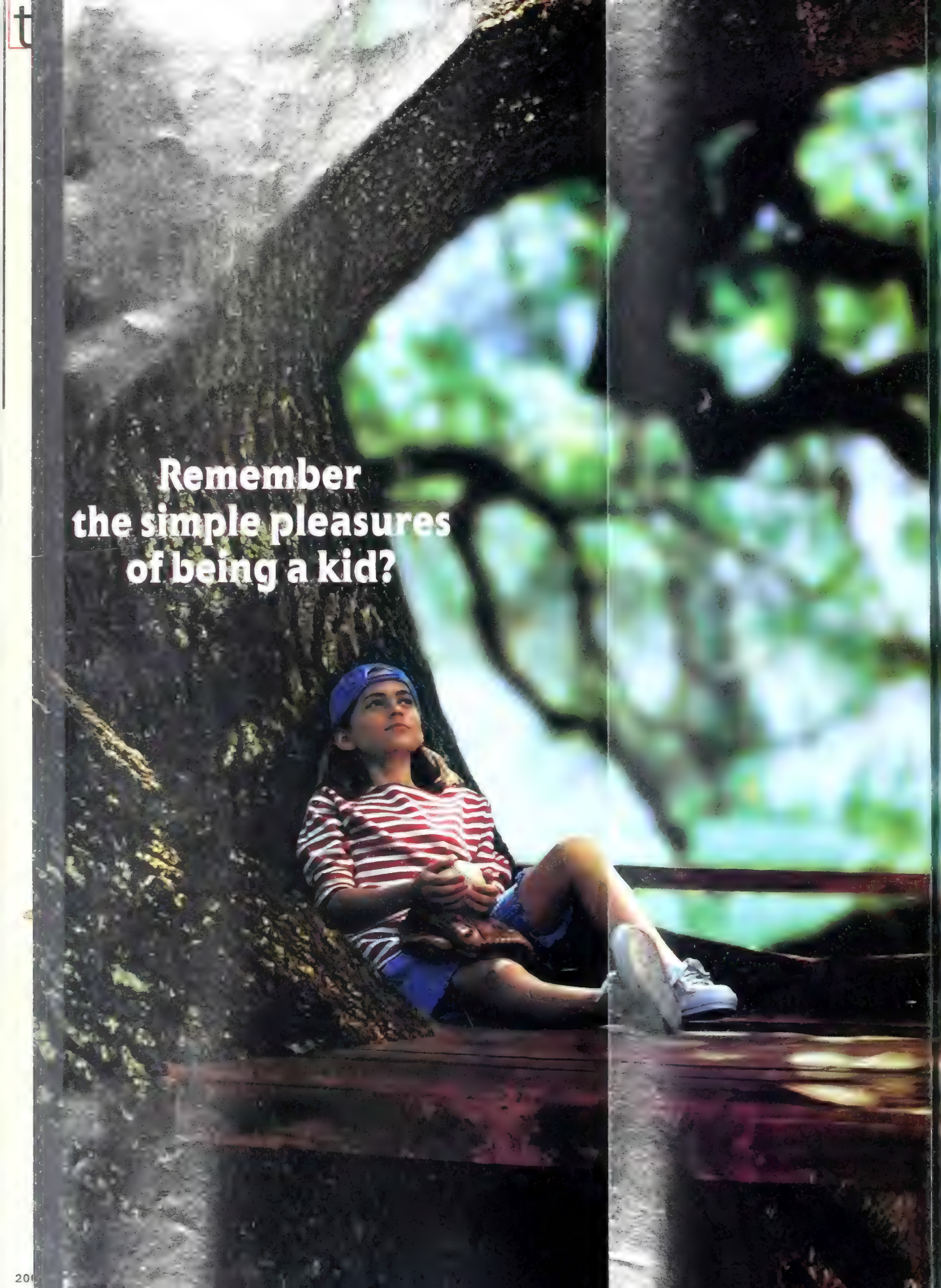
hy Men Today
eel Like Wimps
Gail Sheehy

Round-The-Clock With THE McCAUGHEY SEPTUPLETS

EEN VIOLENCE
Special Report

LUS Easy Entertaining
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the simple pleasures
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WITH VITAMIN E AND PRO-VITAMINS A AND B5.

NOW THAT HEALTHY GLOW IS YOURS TODAY.

IT'S SPECIALLY DESIGNED FOR MATURING

SKIN AND TESTED AMONG WOMEN LIKE US.

OIL *of* OLAY


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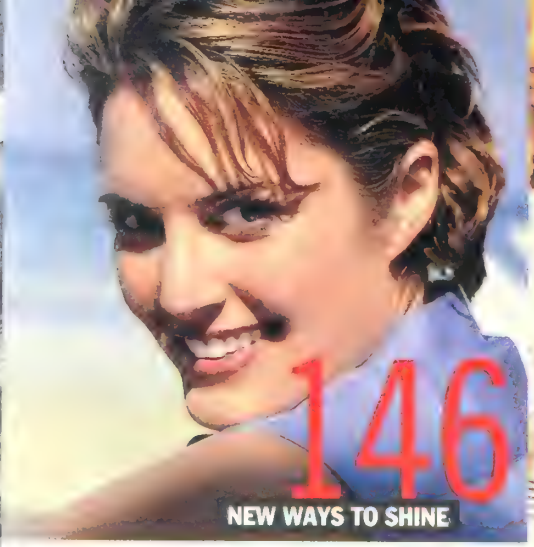
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Halle is wearing (left) Super Lustrous® Lipstick In the Buff, Custom Eyes® in Pink Shell and Softstroke Powderliner™ for Eyes in Brown Suede. Halle is wearing (right) Super Lustrous Lipstick in Honey Bare and Revlon® Nail Enamel in Fleshtone.

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LADIES' HOME
JOURNAL

June 1998

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BABIES! BABIES! BABIES!



I first met Bobbi and Kenny McCaughey, the parents of the septuplets, shortly after the babies were born last November. I interviewed Bobbi for *Ladies' Home Journal*'s "Most Fascinating Women" TV special, and I thought she was sweet, smart and articulate. Both Bobbi and Kenny were confident that with the help of their family, friends and church, they would be able to cope with their new extraordinary family.

Well, when I went to visit them and the super seven a couple of months later, I found that Kenny and Bobbi are indeed coping very well. And the babies, getting bigger every day, are absolutely adorable. So is big sister Mikayla. Even the McCaugheys' small home, jammed with babies and helpers, seems more cozy than cluttered. In fact, the atmosphere on the afternoon I was there seemed almost serene, with a couple of babies sleeping, others being fed and cuddled, and only one letting out an occasional wail.





LHJ's septuplet team included writer Kathryn Casey and Design Director Bradley Carvette (top) with Bobbi and Natalie. Mother's helpers and proud great-aunts Jean and Bee Smith (above left)

I am really glad that I have gotten to know this unique and appealing family and that we can share their story with you.

MYRNA BLYTH
Editor-in-Chief

100 Most Important WOMEN



From Friedan's discontent came tremendous social change

CHANGING LIVES
Betty Friedan
1921–

In 1963, Betty Friedan, a married, comfortable, educated mother of three from suburban New York, published *The Feminine Mystique* and launched a second wave of feminism in America—a wave that, for the first time, included legions of "conventional" women who were married with children.

Friedan's landmark book offered an angry analysis of suburbia as "a bedroom and kitchen sexual ghetto" in which "fulfillment had only one definition . . . the housewife-mother." Writing out of deep personal dissatisfaction—she had settled into the role of wife and mother after the newspaper she worked for refused her request for maternity leave—Friedan assured women that they were not neurotic for feeling frustrated, and prescribed education and meaningful work outside the home. *The Feminine Mystique* became an instant best-seller, and Friedan the spokeswoman for a generation.

She went on to co-found the National Organization for Women in 1966, serving as its president until 1970. "Women heard about the book," she recalled years later, "and they had this great relief. They'd stop me and say, 'Oh, it changed my life—it changed my whole life.'"

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Contributors



Kathryn Casey

For our exclusive interview with the McCaughey family (page 138), Casey spent three days helping the proud parents diaper, feed and care for their septuplets. "When I got back, my arms felt empty," says the LHJ contributing editor. "There is a lot of joy and love in that home."



Angela Cappetta

Unlike the women she photographed for "Frizz Fighters" (page 40), humidity isn't Cappetta's Hair Enemy Number One. Still, when it comes to bad-hair days, she can totally relate. "I swim a lot, and believe me, chlorine buildup is no bed of roses, either," she says.



Gail Sheehy

For over two decades, this noted journalist and author has helped us to understand the adult life cycle. "Men in Crisis" (page 85)—excerpted from her new book, *Understanding Men's Passages* (Random House, 1998)—is her take on the state of modern manhood.



Joseph V. Amodio

Can where you live affect your chances of getting cancer or another disease? Amodio tracks health-risk trends from coast to coast in "States of Health" (page 152). "The good news is a healthy lifestyle can counteract even the worst environmental factors," Amodio says.



Jeannie Ralston

"I feel really alive when I'm blubbering," says Ralston, who examines the whys and wherefores of weeping in "A Good Cry" (page 96). "Crying is healthy on a physical and emotional level." Ralston—who cries twice a week—also writes for *Glamour*.

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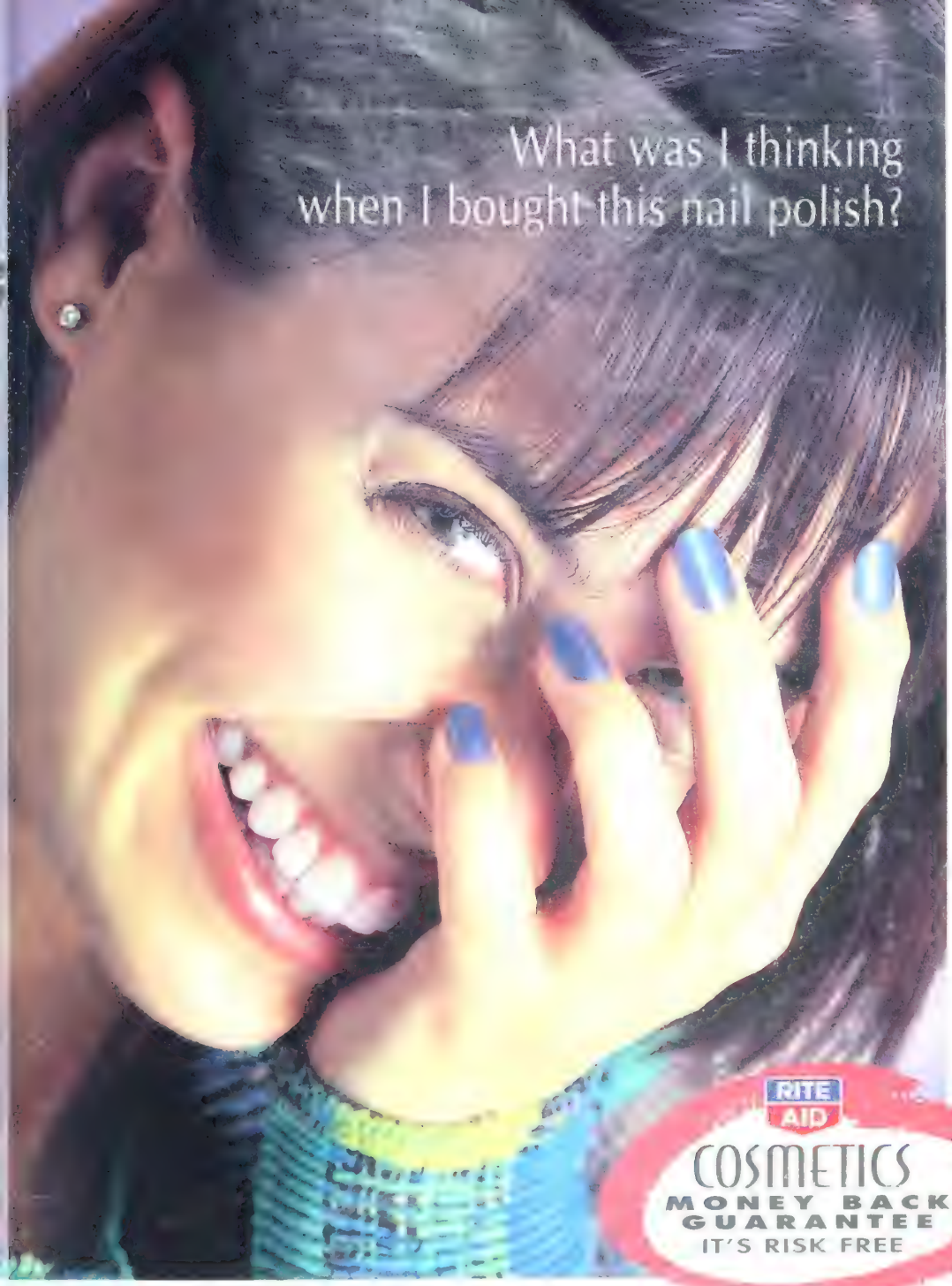
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"My Compulsive Shopping Is Ruining Our Marriage"

Kelly assured Rich her spending was under control—then she had to confess to a $20,000 credit-card debt

By Margery D. Rosen

KELLY'S TURN

"Last night Rich told me he wants a divorce," said Kelly, thirty-two, a media buyer with an advertising agency who has been married for ten years. "I had just told him I'd gotten us in debt for more than twenty thousand dollars. Over the last couple of years, I've been buying things for our home and for myself—and lying to Rich about it all. I'm mortified—and scared.

"We each handle all our personal bills, so Rich never knew what was going on. When I maxed out on one card, I used another—I had about twenty cards going.

"It's hard to explain the rush, the feeling of euphoria, that I'd get when I was buying something. Later, I'd sometimes feel anxious and ashamed, but not enough to keep me from buying something else the next time I wandered into a store on my lunch hour. I never wanted to hurt Rich; I just wanted the world to know that we'd done well.

"I'm the youngest of seven kids—a mistake, my mother always told me. My father was a Navy pilot whose whole life was the military until he retired. Then drinking became his life. My mother has a history of mental illness; the doctors diagnosed her as schizophrenic, but she always refused to take medication. She did bizarre things: One day she gave away my beloved dog with no explanation. She just took him to the pound, and by the time I found out, he'd been put to sleep. I was eleven.

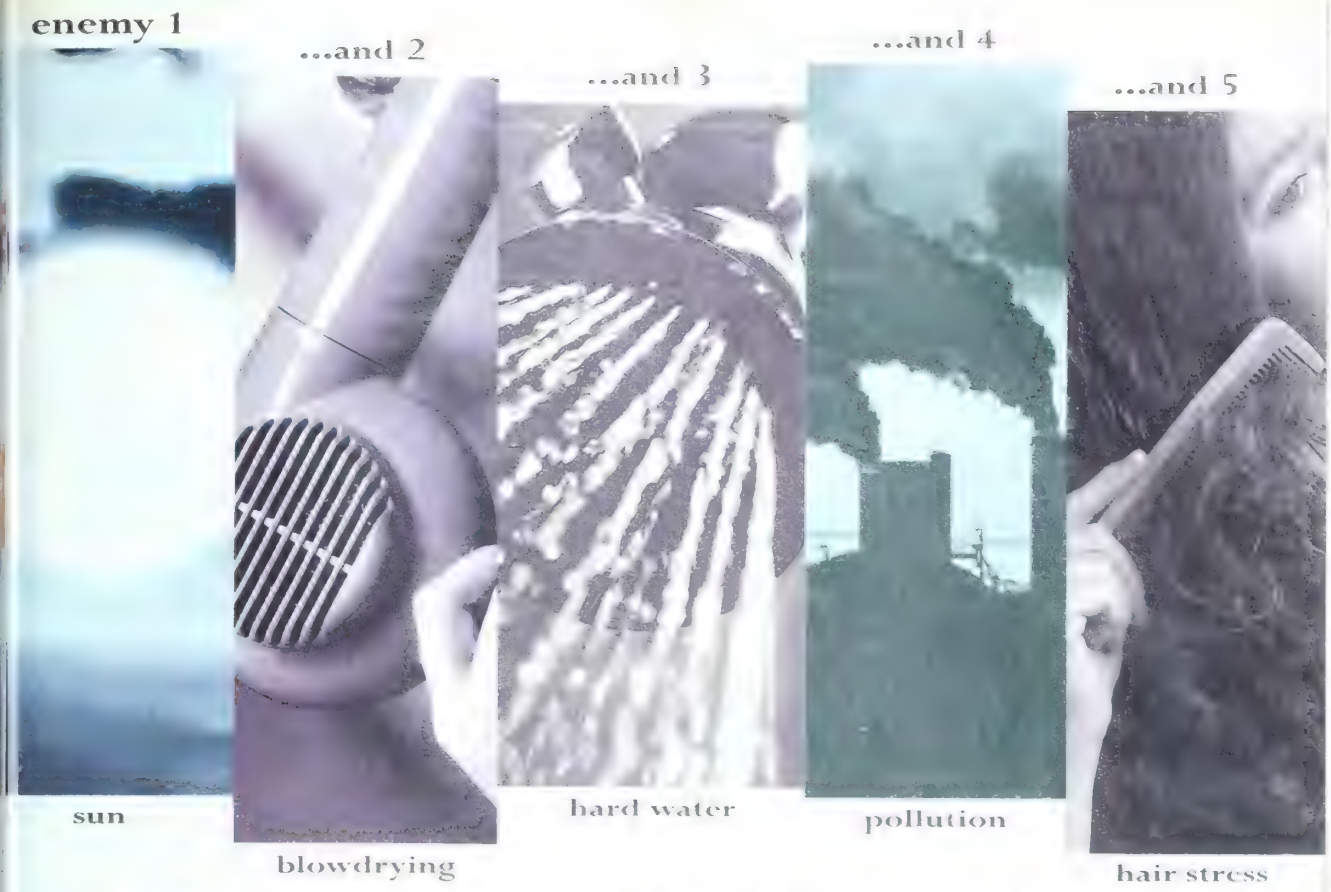
"Money was always an issue; we just never had enough. I couldn't go to the movies or bowling, because I couldn't pay. We never got birthday presents, and only rarely got new clothes. If my father ever found out that Mother had taken one of us shopping, he'd fly into a rage.

"I met Rich in tenth grade, and by our senior year, we'd started dating. We have so much in common. In some ways, his family life was very similar to mine, so we could help each other deal with the past.

"We were married a month after we graduated from college. Rich found a job as a civil engineer with a construction company. I worked at an ad agency downtown, and we bought a charming fixer-upper.

"When we married, I told Rich I didn't want a joint checking account because I didn't want to answer to him for things *(continued on page 20)*

THE MOST POPULAR, most enduring women's magazine feature in the world. This month's case, about a couple torn apart by the wife's spending habits, is based on interviews with clients and information from the files of Lynn Heitler, L.C.S.W., a therapist in Denver. The story told here is true, although names and other details have been changed to conceal identities.



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always had to. We split all the joint bills. Rich has always made more, but we never argued about money—except when Rich refused to use a penny of our savings to buy a nice bedroom set. Our savings were for retirement, he'd insist.

"Look, there's a difference between being smart and being cheap. We've never gone on a vacation because Rich hates to spend money. When my nephew got married in California, Rich refused to go with me because he didn't want to buy two plane tickets.

"Four years ago, Rich was offered a position with a terrific company based in the Rockies. I was very reluctant. I didn't want to sell our house or leave our friends. I also knew if we made a move, he'd find out how much I owed. Finally, I just asked him to sign the mortgage application forms for the new house, and I filled in the rest later.

"My husband loved his job, loved being away from the grind of the city. I hated it. After a couple of years, my old company offered me a better position, and after much discussion, we moved back to Denver a year ago.

"Even though I was happier being back in Denver, my spending just went out of control. Sometimes I justified my purchases as a way of getting back at Rich. He's clearly upset with me for making him move, though he never comes right out with it. He refuses to go anywhere or do anything. All he wants to do is sit home with a video or putter around the house. I can't make him understand how lonely and unhappy I am.

"We've also been trying to have a baby, but after an ectopic pregnancy when I was twenty-six, the doctors don't think I'll be able to get pregnant. We've talked about adopting, but we just can't make a decision.

"I ended up having to tell Rich about the debt when I couldn't make even the minimum payment on a single card. I know I need help desperately. Rich means more to me than anyone else. Will he ever trust me again?"

RICH'S TURN

Even though I told Kelly I wanted a divorce, by morning, I realized we should at least give counseling a try," said Rich, thirty-three, a civil engineer. "I do love her, but I feel completely betrayed. Everything that happened to my dad seems to be happening to me.

"My mother, like Kelly's, struggled with psychiatric problems. She's manic-depressive, and for long periods of time when I was growing up, my two brothers and I had to live with my grandparents. Mother was never physically abusive, but she'd scream, throw things, curse us out. Dad owned a dry-cleaning business, and he tried to be both mother and father to us. My parents fought constantly, and when I was fifteen, they finally divorced. Mother moved to Oregon, and my brothers and I stayed here in Colorado with Dad.

"Money was one of the main reasons my parents split. My dad worked very hard to build up his business, and Mother worked equally hard to spend every penny he earned. Once, when I was about seven, she took off on a three-week vacation without telling Dad—she sent us a postcard from the Caribbean. So you can see why Kelly's spending made me crazy.

"In the beginning, our relationship was so special. Kelly and I could talk about anything, and we had so much fun! She was interested in things, too—things that didn't involve money. But over the years, she's changed. She's become almost single-minded in her determination to buy what she wants when she wants it.

"I hate the city. I hate traffic jams and waiting for an hour to eat in a restaurant. But I loved everything about our life in the mountains, and I thought Kelly agreed with me—especially since we were trying to have a baby. But right now we seem to have so many problems, I don't think that's such a good idea.

"I also loved the job I had out there. But before we'd even been there a month, it was clear Kelly was unhappy. When she started talking about going back to Denver, the quarreling began. I eventually gave in. I didn't have trouble finding another position, though I'm not thrilled with my work.

"It's ironic: When we were first married and Kelly told me she didn't want a joint checking account, I was actually relieved. I thought that meant she'd be spending her own money, not frittering away mine. We've never been able to discuss budgets or savings—she always gets very testy when I bring it up.

"Sometimes when she'd come home with a new dress or pillows for the couch, I'd be suspicious. But she always assured me she had the money. Besides, to be honest, I don't know how much these things cost, and I assumed I could trust her. *(continued)*



FOR MORE INFORMATION

If you or someone you know has an overspending problem, Overcoming Overspending by Olivia Mellan (201 pp.; hardcover) can help—and provide the support someone coping with this harmful addiction needs. Mellan, a psychotherapist and business consultant, has compiled a self-assessment quiz, exercises to learn to control the spending impulse and real-life stories of individuals who have conquered the habit. Available by arrangement with Walker and Company for $24.95, which includes shipping, handling and applicable sales tax.

TO ORDER: Send your name and street address along with a check or money order to: *Ladies' Home Journal*® Resources, Dept. L0698, P.O. Box 9381, Des Moines, IA 50306-9381. MasterCard and Visa users may call toll-free 800-763-6393. Please specify book title.

When considering menopause and the consequences of its associated estrogen loss, consider the entire body of evidence.

rain: In the past 10 years, research
is explored questions surrounding
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over 50 years, it's been known
t estrogen loss associated with
nopause causes the hot flashes
d night sweats that often influ-
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study has confirmed that
rogen loss causes vagi-
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d increases the frequency
vaginal infections, which
n be uncomfortable and
erfere with intimacy.



Eyes: Ongoing research continues to investigate cataracts in post-menopausal women, as well as age-related macular degeneration, the leading cause of blindness in the aging population.

Teeth: Research continues to explore the association between tooth loss and menopause.

Heart: Since the 1950s, large-scale clinical trials have researched cardiovascular disease in post-menopausal women, looking at cholesterol, heart attacks, and death.

Bone: Decades of research have proven that estrogen loss decreases bone mineral density and increases the risk of fractures from osteoporosis.

Colon: Ongoing research continues to explore the risk of colon cancer among women after menopause.

Today, we know more than ever about the consequences of estrogen loss during and after menopause, and the effect it has on your entire body. So-called "selective" or "designer" estrogens may not impact a number of health issues associated with menopause. Talk to your doctor, because problems resulting from estrogen loss aren't always selective.

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Continued

"I'm not very keen on being here. But I want to save my marriage. I guess some of the problems we're having are my fault, too. Besides, what do I have to lose?"

THE COUNSELOR'S TURN

Although Kelly tried to deny to herself as well as to Rich that she was a compulsive shopper, reality finally caught up with her," noted the counselor. "For Kelly, it was a way of filling the well of emptiness she'd struggled with since childhood, as well as a weapon against Rich's restrictive attitudes about money. However, while money was the main issue for them, it wasn't the only one. These two had to start communicating not only about finances but about their feelings as well.



Besides learning money-management strategies, Rich and Kelly needed to budget money for having fun

"Kelly was depressed and deeply ashamed about her overspending, but she was also defensive: She felt that because her husband wasn't there for her in many ways, she was justified in her actions. Of course, she never imagined they would lead to such disastrous consequences. My first goal was to help this couple redefine the problems they were facing, to find the real causes for Kelly's overspending—and how Rich contributed to the problem.

"Kelly grew up in a dysfunctional home, dominated by a mother who was mentally ill and an alcoholic father, who, when he was around, was often verbally abusive. So she found comfort in material things.

"Rich's background was strikingly similar to Kelly's, and it's not hard to see why financial security loomed so large for him. Rich hadn't been shown much love as a child, either. Remembering his mother's destructive overspending, he feared he and Kelly ultimately might be facing the same dismal future. What's more, having endured his mother's abrupt mood swings, Rich learned to shut down when he felt emotionally threatened. Instead of addressing the issue of Kelly's spending or his own anger and unhappiness about returning to the city, Rich ignored problems. By doing so, he unwittingly shut Kelly out of his life, refusing to talk or engage in any of the activities that had brought them so much happiness early on.

"Understanding this connection was a key to getting this marriage back on track. I recommended that they consult a financial planner to consolidate and pay off their debts, and set rules for spending and saving. Although keeping separate checking accounts was important to both of them, Kelly cut back to only one credit card, to be used only in emergencies and paid in full every month. If she wants something, she saves until she has cash. Once a month, the two of them sit down together to review the bills. The planner assured Rich that since their 401(k) plans were intact, they were on solid ground for the future.

"Part of the financial strategy involved setting aside money for personal spending and for fun. 'When Kelly feels deprived,' I pointed out, 'her internal regulator goes awry. If she feels she has some control over purchases, and she feels a connection with you, Rich, she has less need to overspend.'

"One homework assignment helped significantly. Every Thursday was date night for the two of them, and each took turns choosing the evening activity. This wasn't easy for Rich, since he was acutely bothered by crowds and traffic. But Kelly was thrilled that they'd be doing something together and that Rich would be involved in setting it up.

"Once Rich and Kelly began following their new plan, Rich's anger subsided, and he was able to examine the part he played in Kelly's spending cycle. In time, they were able to build back their old trust. Over the course of several months, they wrestled with the issue of adoption and decided finally not to have children. 'Given our childhood problems, we want to pour all our energies into the marriage,' explained Kelly. 'I'm not sure we'd have enough left over to raise a family, too.' Rich still worries that the mail may bring some unexpected bill. 'It's going to take time,' he said. 'But at least we are working together on this now.' I told them that the important thing was the open, honest discussion and the fact that they were finally really listening to each other. That's what will help them overcome the legacy of family problems—and build a happier future." ●

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Shades of Summer

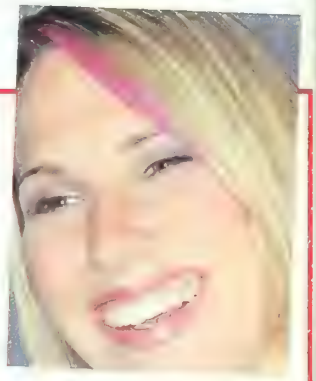
Look at the world through rose-colored glasses—or, for that matter, through yellow or blue ones. This year, sunglasses with kooky-colored lenses are as much a summer staple as sunscreen—and they're ever so much more fun to wear. So toss a pair in your beach bag. (Because the colored lenses can prevent you from accurately reading a stoplight, for instance, these glasses are not recommended as streetwear.)

get a whiff of this

Orange sherbet–scented emery boards? Nail polish redolent of piña coladas? Lavender ironing water? Strange but true: Fragrance is working its way into products you'd never expect. Then again, the trend makes sense: If your hair reeks of hamburgers, why not spritz on some new hair deodorant? And now's a better time than any: "Your ability to smell improves when the air is warmer," says Alan Hirsch, M.D., of the and Taste Treatment & Research



WINNING STREAKS





From left: Revlon Luminates; Mary Kay Head Liners; L'Oréal Hair Mascara; Christian Dior Mascara Flash (2)

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Hear The Radio That Woke Up An Entire Industry.

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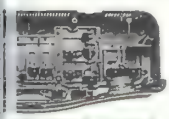


Or, if you prefer, return the coupon below.

Wired magazine said it has a "clean, sweet sound that will have your friends wondering where you've hidden your fancy speakers." But you have to hear the Wave radio for yourself to believe it. Call today.

The best-sounding radio you can buy.

We think the Wave radio is the best-sounding radio you can buy. And audio critics agree.



The speakers in conventional radios cannot produce lifelike bass, which is essential for great sound.

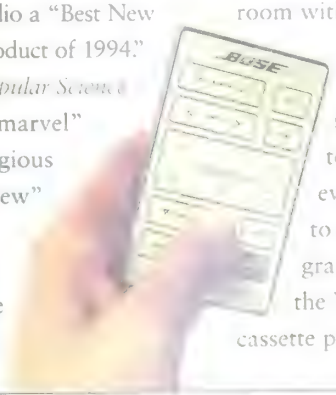
Radio World called the sound "simply amazing...a genuine breakthrough in improved sound quality." *Business Week* named the Wave radio a "Best New Product of 1994." *Popular Science* called it "a sonic marvel" and gave it a prestigious "Best of What's New" award. The key is our patented acoustic waveguide speaker technology.



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Amazing Greasy

Retinol, pro-retinol, retinyl—if these terms are making you cross-eyed, here's help

Any careful reader of skin-care product labels is used to seeing a variety of similar names—but who really knows what they mean? "Retinoid is the chemical name for the vitamin A family, which works to revitalize the skin," explains Yohini Appa, Ph.D., director of research and development for Neutrogena. "But it comes in three common forms."

RETINOIC ACID Otherwise known as tretinoin, this is the most potent of the retinoids and is the active ingredient in Retin-A and Renova. Available only by prescription, it is used to treat wrinkles, acne and sun damage, but may cause sensitivity due to its strength.

RETINOL Used in the new over-the-counter skin creams, this also works on wrinkles and sun damage, but causes much less sensitivity.

RETINYL PALMITATE A.k.a. pro-retinol, this is an even less potent form of retinoid, usually buffered by other antiaging ingredients. Results are not as speedy, but skin irritation isn't a risk.

MOVE OF THE MONTH

A flat tummy is yummy, but to stay limber, a flexible spine is also divine. Try this exercise from Alan Finger, founder of the Yoga Zone, in New York City. Sit with legs in front of you. Cross your right leg over your left, put your right arm behind you and press hand into the floor. Inhale and draw the spine up tall. Place left hand on thigh for balance as you twist. Exhale, come back to the center; repeat on other side. Do three times a week; work up to every day.





GET A BETTER BIKINI LINE

It's a summer beauty bummer like no other, having to remove bikini-line hair. Although there is no one perfect technique, here are ways to get better results from your preferred method, courtesy of Mary Lupo, M.D., associate clinical professor of dermatology at Tulane University, in New Orleans.

RAZOR To prevent ingrown hairs, apply a chemical exfoliant treatment with alpha-hydroxy or salicylic acid a few days prior to shaving. Avoid mechanical sloughers, like loofahs, which can abrade the skin and cause redness. For the closest shave, move the razor in the direction opposite the one in which the hairs grow, and, for extra skin protection, use shaving cream (never use soap, which dries). HOW LONG IT WILL LAST: From 3 days to a week.

WAX For a clean removal, be sure that hair is at least ¼ inch long. Wax should be warm; if it's too hot, skin may swell, which can lead to chafing. Waxing pulls hair from the root, which may be painful. So, if area becomes sensitive after waxing, apply 1% hydrocortisone cream twice within 24 hours. HOW LONG IT WILL LAST: Around 3 weeks.

DEPILATORY Since chemicals are used to dissolve the hair, first test a small area on your arm for an allergic reaction or irritation. For best results, soak bikini line in warm water prior to hair removal to soften the hair follicles. Finish with a 1% hydrocortisone cream to prevent skin from becoming irritated. HOW LONG IT WILL LAST: Like shaving, depilatories only remove hair above the skin's surface, so regrowth may occur within a few days.

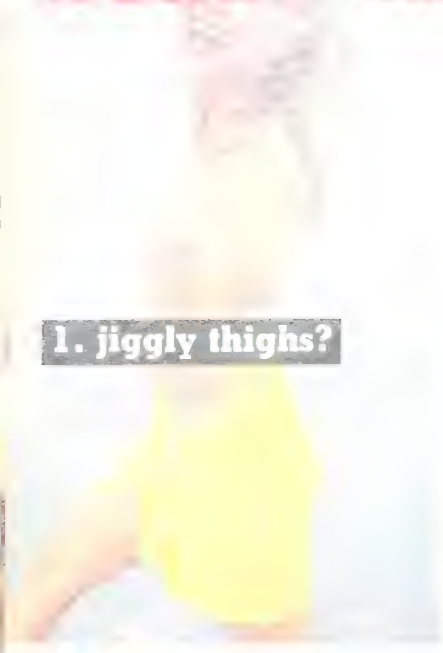
Carefree

Breathable

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The Cover Story

Bye-bye big tees and old cutoffs. To hide body flaws by the seashore, these hit the spot

1 **If you want some upper-leg coverage** but don't want extra bulk, try a sheer stretchy wrap that falls to mid-thigh and gives you total freedom of movement. (Anne Cole nylon pareu, $30.)

2 **If you can't bear to bare your upper arms** but want to stay cool, a breezy semi-sheer white extra-long shirt can sure take the heat. It's long, so your butt also benefits. (Anne Cole wrinkle-proof blouse, $78.)

3 **If you want to be active** but don't want to call attention to your cleavage, try a cropped tee made of light mesh that discreetly covers but lets sweat evaporate. (Speedo nylon tee, $22.)

4 **If you hate your stomach** but love your legs, you'll want a mini-sarong in a bulge-blurring allover print; the hip tie also leads eyes away from your trouble spot. (Lands' End floral wrap, $29.50.)

5 **If you hate your legs** and need to-the-ankle coverage that's not too obvious, wrap on a long pareu in a nonslip, light opaque fabric. (Liz Claiborne batik, $42.)

6 **If you want to minimize hips and derriere**, wear a black mini-wrap in a fabric with a fabulous drape. (Jantzen sarong, $30.)



So much about a family is revealed in its faces.



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To Save Our Daughter

Our ten-year-old needed surgery to remove half her brain. But would this risky cure work? By Kiwana Witt, as told to Andrea Gross

"Mama, don't cry. I'll be all right." My daughter, Linda Gail, reached over and patted my cheek as I lay next to her on the hospital bed. Here was my brave ten-year-old trying to console *me*, when tomorrow doctors would be removing half her brain.

Had I been right to give my permission for this drastic, risky operation? If it failed, Linda Gail could die. If successful, it could save her life—yet it might leave her totally paralyzed. She might not know who I was. This could be the last time my little girl would ever tell me, "I love you, Mama."

Our nightmare began in May 1994. My husband, Ray, a maintenance mechanic, was napping on the couch while Linda Gail, Timothy (both children from my first marriage) and I were watching TV. Suddenly, Timothy, then five, shrieked: "Mama, Linda Gail's dead!" She had slumped over on the couch with her head back and her eyes rolled upward.

By the time the ambulance arrived ten minutes later, Linda Gail had regained consciousness, though she was very pale. The emergency-room doctor at the hospital near our home, in Marion, North Carolina, prescribed an anticonvulsant and told us to see a pediatric neurologist. After taking a magnetic resonance imaging (MRI) scan of her brain, the neurologist pronounced it normal, explaining that she might never have another seizure.

That eased our minds—until two weeks later, when Linda Gail had a seizure in the car. As Ray pulled to the side of the road, I somehow felt that we were about to begin a long, hard journey.

For the next year and a half, Linda Gail's seizures increased until they were happening many times a day, as our neurologist tried to find the right combination of medications for her. At one point, she was taking more than twenty pills a day. Yet her seizures continued to grow stronger and more frequent, sometimes knocking her to the ground without warning. Always a sensitive and thoughtful child, Linda Gail tried to hide her seizures from me so I wouldn't worry.

She had always been a straight-A student, but by fourth grade, her grades dropped to C's because the seizures she was suffering every day—sometimes forty or more—were affecting her vision, memory and concentration.

But though her teachers never complained, Ray and I knew that Linda Gail's seizures were disrupting the class. That spring, I left my job as a food-service employee to teach Linda Gail at home. Heartbroken over missing school, she became very withdrawn and rarely smiled.

Finally, Ray and I were referred to J. Baldwin Smith, M.D., a pediatric epileptologist (a specialist in seizure disorders). "I don't want to scare you," Dr. Smith told us, "but I believe that Linda Gail may have Rasmussen's syndrome."

Rasmussen's, named *(continued)*

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for the Canadian doctor who identified the syndrome in 1958, is an inflammation of the tissue on one hemisphere of the brain that results in uncontrollable seizures on the opposite side of the body. In Linda Gail's case, her left hemisphere was affected. The disease, which is not hereditary, is extremely rare and occurs primarily in children. But it is progressive, relentlessly destroying brain tissue until, in worst-case scenarios, the patient can no longer walk, talk, see or hear. Ray and I felt as though we'd been slapped in the face.

Two weeks later, we made the four-hour drive to Duke University Medical Center, in Durham, one of the few hospitals in the country knowledgeable about this rare disease. Darrell V. Lewis, M.D., acting chief of pediatric neurology, sadly agreed with Dr. Smith's diagnosis.

Dr. Lewis explained that researchers now believe that Rasmussen's may actually be an autoimmune disease, occurring when the brain's protective membrane is broken—say, by a bump on the head or a high fever. Antibodies that would normally protect against disease invade the brain through the opening, causing inflammation and recurring seizures.

Ray had spent a lot of time at the Duke medical library while Linda Gail was being tested, so we already knew what had to be done. "This means a hemispherectomy, doesn't it?" he asked. We had read about this high-risk surgery in which the affected half of the brain is disconnected, and most portions are removed. The procedure has been used since 1928 for brain disorders, and it is 80 percent successful in stopping seizures, but it is such a drastic remedy that only several dozen are performed in the U.S. every year.

Incredibly, humans can live quite well with only half a brain, as long as the parts that control breathing, heart rate and other essential organ functions stay intact. The remaining hemisphere actually takes over the jobs of the missing one. Research indicates that children younger than ten seem to recover better than older ones because their brain functions are more flexible. After that, the brain becomes less adaptable.



Linda Gail (above, with her family) can read, write and play basketball after her remarkable surgery. Left, a therapist works with Linda Gail to strengthen her weak right arm

There are alternative treatments for Rasmussen's syndrome, but these procedures are still experimental and not a cure. Linda Gail was already ten years old. We didn't have time to try anything else.

We knew we were taking a huge risk. The operation could leave Linda Gail dead, comatose or permanently disabled. She wouldn't walk for at least a month—if at all—and would probably never be able to use her right hand. Because the left side of the brain also controls language and mathematical skills, Linda Gail might never again talk, write or comprehend numbers. Yet how could I deny my daughter her best chance at life? Once we had made the decision, we never second-guessed ourselves.

But now I had an even tougher job ahead: giving the news to my bright, athletic daughter. "Linda Gail," I said as gently as I could, "in order to stop your seizures, the doctors have to take out half your brain. There will be a lot of things you'll have to learn again. But you're a smart little girl. You can relearn whatever you need to know."

Calmly, Linda Gail said, "All right." She has always trusted me completely. Timothy, on the other hand, cried and cried. Of course, I was scared enough for all of us. "The operation can't be worse than the disease," Ray said, comforting me. I knew he was right, but my hand still shook as I signed the consent form.

When people in our town heard about Linda Gail's surgery, they were eager to help. Her school held a Linda Gail Day, during which all the students and teachers showered her with good wishes and contributed $1,700 to a fund to defray our travel and lodging expenses (fortunately, our insurance paid most of the medical bills). A town game night and auction raised $5,200, while many of our co-workers simply handed us money from their own wallets.

Linda Gail had the operation at Duke in August 1996. By then, she had lost a lot of weight, and her seizures were coming every two minutes. It seemed she was dissolving before our eyes.

The night before the surgery, Linda Gail played cards and games with me, Ray and Timothy. We prayed, and trusted that God would be with her. Still, as I kissed my daughter the next morning, I felt as if I were saying good-bye to *(continued)*



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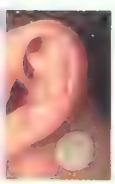
peel off the backing and press it behind your ear at it four hours before boarding and relax. The medicine onsistently absorbed for up to three days. You can n shower with it. For shorter trips, remove the patch en no longer needed and the effects wear off.

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Available by prescription only. Not for children or those with glaucoma, difficulty in urinating, or an allergy to scopolamine or other belladonna alkaloids. In clinical studies, some side effects were noted, including blurred vision, dryness of the mouth (in two-thirds of users) and drowsiness (reported incidence less than 1 in 6). While using this product, you should not drive, operate dangerous machinery or do things that require alertness. Avoid using alcohol. If you are elderly, your physician should exercise special care in prescribing this product. See adjoining page for additional information on potential adverse reactions or side effects



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INDICATIONS AND USAGE [illegible]

CONTRAINDICATIONS [illegible]

Since drowsiness, disorientation, and confusion may occur with the [illegible] tioned against engaging in activities that require mental alertness, such as driving a motor vehicle or operating dangerous machinery.

Potentially alarming idiosyncratic reactions may occur with ordinary therapeutic doses of scopolamine.

PRECAUTIONS

General: Scopolamine should be used with caution in patients with pyloric obstruction or urinary bladder neck obstruction. Caution should be exercised when administering an antiemetic or antimuscarinic drug to patients suspected of having intestinal obstruction.

Transderm Scop should be used with special caution in the elderly or in individuals with impaired metabolic, liver, or kidney functions, because of the increased likelihood of CNS effects.

Caution should be exercised in patients with a history of seizure or psychosis, since scopolamine can potentially aggravate both disorders.

Information for Patients: Since scopolamine can cause temporary dilation of the pupils and blurred vision if it comes in contact with the eyes, patients should be strongly advised to wash their hands thoroughly with soap and water immediately after handling the patch. In addition, it is important that used patches be disposed of properly to avoid contact with children or pets.

Patients should be advised to remove the patch immediately and contact a physician in the unlikely event that they experience symptoms of acute narrow-angle glaucoma (pain in and reddening of the eyes accompanied by dilated pupils). Patients should also be instructed to remove the patch if they develop any difficulties in urinating.

Patients should be warned against driving a motor vehicle or operating dangerous machinery while wearing the patch. Patients who engage in these activities should also be aware of the possibility of withdrawal symptoms when the patch is removed. Patients who expect to participate in underwater sports should be cautioned regarding the potentially disorienting effects of scopolamine. A patient brochure is available.

Drug Interactions: Scopolamine should be used with care in patients taking drugs, including alcohol, capable of causing CNS effects. Special attention should be given to drugs having anticholinergic properties, e.g., belladonna alkaloids, antihistamines (including meclizine), and antidepressants.

Carcinogenesis, Mutagenesis, Impairment of Fertility: No long-term studies in animals have been performed to evaluate carcinogenic potential. Fertility studies were performed in female rats and revealed no evidence of impaired fertility or harm to the fetus due to scopolamine hydrobromide administered by daily subcutaneous injection. In the highest-dose group (plasma level approximately 500 times the level achieved in humans using a transdermal system), reduced maternal body weights were observed.

Pregnancy Category C: Teratogenic studies were performed in pregnant rats and rabbits with scopolamine hydrobromide administered by daily intravenous injection. No adverse effects were recorded in the rats. In the rabbits, the highest dose (plasma level approximately 100 times the level achieved in humans using a transdermal system) of drug administered had a marginal embryotoxic effect. Transderm Scop should be used during pregnancy only if the anticipated benefit justifies the potential risk to the fetus.

Nursing Mothers: It is not known whether scopolamine is excreted [illegible] caution should be exercised when Transderm Scop is administered to a nursing woman.

Pediatric Use: Children are particularly susceptible to the side effects of belladonna alkaloids. Transderm Scop should not be used in children because it is not known whether this system will release an amount of scopolamine that could produce serious adverse effects in children.

ADVERSE REACTIONS: The most frequent adverse reaction to Transderm Scōp is dryness of the mouth. This occurs in about two thirds of the people. A less frequent adverse reaction is drowsiness, which occurs in less than one sixth of the people. Transient impairment of eye accommodation, including blurred vision and dilation of the pupils, is also observed.

The following adverse reactions have also been reported on infrequent occasions during the use of Transderm Scop: disorientation, memory disturbances, dizziness, restlessness, hallucinations, confusion, difficulty urinating, rashes and erythema, acute narrow-angle glaucoma, and dry itchy or red eyes.

Drug Withdrawal Symptoms including dizziness, nausea, vomiting, headache, and disturbances of equilibrium have been reported in a few patients following discontinuation of the use of the Transderm Scop system. These symptoms have occurred most often in patients who have used the system for more than three days.

OVERDOSAGE: Overdosage with scopolamine may cause disorientation, memory disturbances, dizziness, restlessness, hallucinations, confusion, psychosis, convulsions, bronchospasm and respiratory depression, and muscular weakness. Should these symptoms occur, the Transderm Scop patch should be removed immediately, adequate hydration should be maintained, and appropriate symptomatic treatment initiated.

CAUTION: Federal law prohibits dispensing without prescription.

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someone I might never see again.

Timothy George, M.D., the pediatric neurosurgeon, was careful not to shave off any more of Linda Gail's hair than was absolutely necessary. After opening her skull, he removed the temporal lobe and the outer layer of the frontal and parietal lobes. The other parts of her left hemisphere were disconnected from the right side, to prevent the seizures from recurring and to reduce the risk of hemorrhage.

The operation took nine hours. Afterward, Dr. George came out to tell us that the space in Linda Gail's skull had already started to fill with cerebrospinal fluid, which would keep the rest of her brain in place without any additional support.

That night, Ray and I sat in Linda Gail's room and prayed for a sign that she would be all right. I took her hand and whispered, "Linda Gail, it's Mama. Squeeze my hand if you hear me." I felt her fingers tightening around mine. "She understands!" I cried. Three days later, on my thirtieth birthday, I got the best gift of my life. When Ray teased Linda Gail in an attempt to get a response, she said, "Mama, tell him to leave me alone." All of us—including Dr. Lewis—applauded and rejoiced. Our little girl's mind was there, and so was her spirit!

The miracles kept on coming. A week later, I was sitting next to her on her hospital bed when we noticed a baby out in the hallway. Linda Gail's face lit up, she swung her legs to the floor, stood up and started walking! We gave the wheelchair we'd ordered to someone who needed it.

Linda Gail stayed in the hospital for two weeks and then spent a week in the rehabilitation center. By the time she came home, she could feed and help dress herself and keep to a normal schedule.

Gradually, Linda Gail has been relearning all the skills and information that were housed in her left hemisphere. Now she can understand words and ideas, but sometimes has trouble finding the right word wh she speaks. Some of her memor survived the surgery; others didn She remembers a few of the nam of her first-grade friends, but no family trip to the amusement pa Yet she's determined to get better.

Linda Gail will probably alwa have limited use of her right arm a hand, and she has lost the periphe vision in both eyes. We can't let h play rough sports or do activities t might injure her head, but she c still play one-on-one basketball w her brother, and she doesn't have wear a helmet unless she's riding h bike. Other than that, she has physical restrictions.

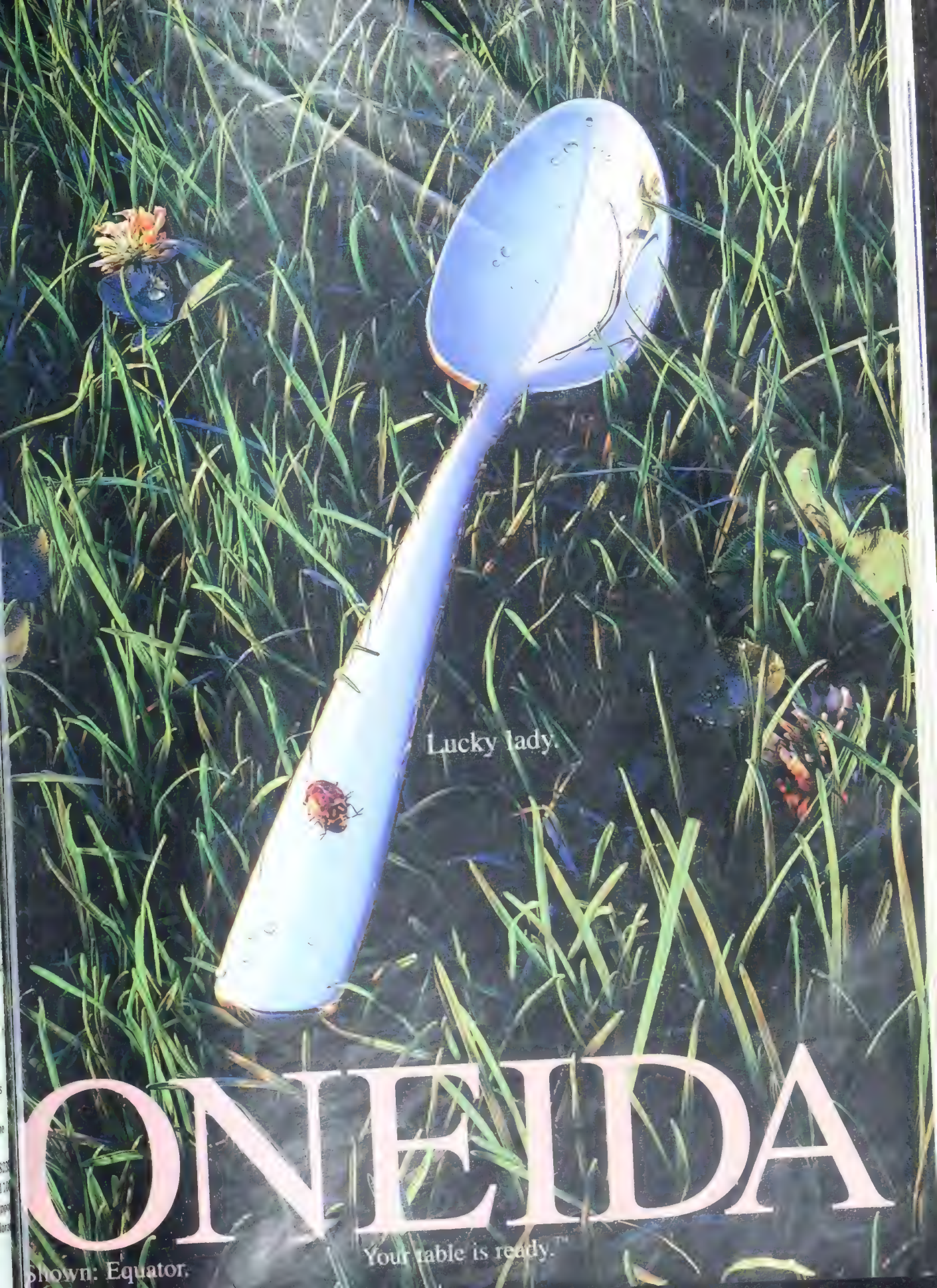
We had a small scare this past Ja uary, when Dr. Lewis took her off her antiseizure medication and h arm jerked once or twice. The doct said it wasn't a true seizure, but did put Linda Gail back on a ve low dose of anticonvulsant. S hasn't had a single seizure since the

Today, Linda Gail is in sixth gra full-time, working with a specia education teacher. She's doing thir grade level work in everything exce reading, where she's at a first-grade le el and improving every day. Her teac er says it's like watching a miracle.

Linda Gail still goes for occup tional therapy at the rehabilitatio hospital. Her right leg and arm a getting stronger, and soon her do tors will work on strengthening th nerves in those limbs with ele trodes. All her doctors, teachers an therapists expect that she'll almo certainly live independently an hold down a job. She might on day even go to college, marry an have children. "It just depends o her drive," says Dr. Lewis.

And we all know Linda Gail ha plenty of that! •

For more information on Rasmussen's syndrome, send a self-addressed, stamped business-size envelope to the Rasmussen's Syndrome and Hemispherectomy Support Network, 8235 Lethbridge Road, Millersville, MD 21108 or the Rasmussen's Encephalitis Suppor Network, 3710 Knoll Lane, #54, Colorad Springs, CO 80917.


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Retirement Plan Misconceptions

What's the maximum you can contribute each year to your 401(k) plan? According to a recent survey, many people have no idea that it's $10,000—and there's a lot more they don't know about their retirement plans.

The survey, conducted for the mutual-fund firm Scudder Kemper Investments, Inc., found that about one quarter of those polled didn't know when they could start taking money out of their retirement plans without a tax penalty. (The answer: age fifty-nine and a half, but individual plans do vary.) Also, more than half could not define the term "lump sum distributions," which means full payouts from a plan versus gradual distribution. According to Seymour Goldberg, a tax specialist in Garden City, New York, the distribution of your pension money is one of the most complicated—and potentially costly—retirement decisions you'll ever make. Consult a tax adviser about the choices available to you.

—Charles Molineaux, *Your Money*

Quote Of The Month

"I really feel that any luck I've had in my life is angelic work. . . . That's the way I believe in angels . . . sometimes when you least expect it, someone will say just the thing you need to hear." **—Meg Ryan, on *Showbiz Today***

DANGEROUS DIETS

A [illegible] BOOK may get a lot of buzz, but [illegible] the advice inside is necessarily [illegible] a recent review of the ten most popular diets—nine of which are top-selling books—found [illegible] nutrients, including calcium, [illegible] The diets were analyzed by Jeanne Goldberg, [illegible] a nutrition professor at Tufts University, in Medford, Massachusetts, who says using these nutrient-deficient plans over the long term can have adverse health effects. The bottom line: If a diet excludes an entire food group, beware.

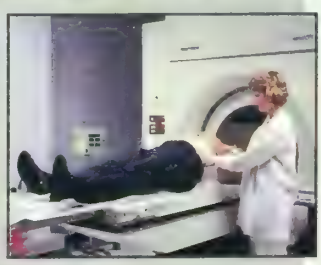
—Liz Weiss, *On the Menu*

NEW TEST FOR HEART DISEASE

The standard test to help detect signs of heart disease has long required running on a treadmill. Now, there's an easier and more accurate way.

Electron beam computerized tomography (EBCT) is an ultrafast CAT (or CT) scanner that can take clear pictures of the body in fractions of a second. It actually "freezes" the heart in motion, allowing doctors to discover calcium deposits in the coronary arteries, a common precursor to the plaque that can eventually lead to an attack. According to research, the scan detects early signs of heart disease with 95 percent accuracy—a much higher rate than that of standard noninvasive tests.

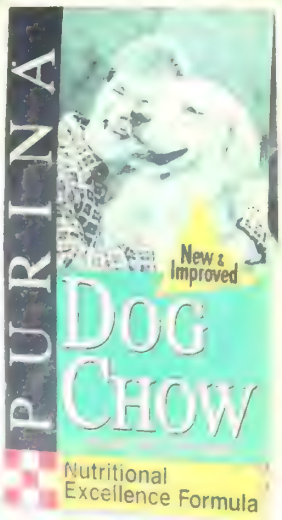
Although critics point out that not every case of severe arteriosclerosis involves significant calcium deposits, they do agree that EBCT is a major advance.—Dr. Steve Salvatore, *Your Health*



Watch CNN's *On the Menu* for enticing reports on food, nutrition and cuisine (Saturday, 2:30 P.M., E.T.) and *Your Money* for personal finance (Saturday, 4:30 P.M., and Sunday, 7:30 A.M., E.T.).



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FRIZZ FIGHTERS

Curly headed, but don't want to look that way? Prefer it sleek, despite summer's humidity? Like so many of us, these women have tried unsuccessfully to set themselves straight, so we asked New York stylist Oscar Blandi to devise a de-frizzing strategy for each of them. But would his techniques pass our tough steamy bathroom test? By Heidi Schiller





rebellious bangs

CHERISH MCSHEA'S HUMIDITY

HEADACHE: "My curly hair gets out of control, and my bangs go berserk."

BLANDI'S STRATEGY: Get the style you want, then spot-set the problem areas.

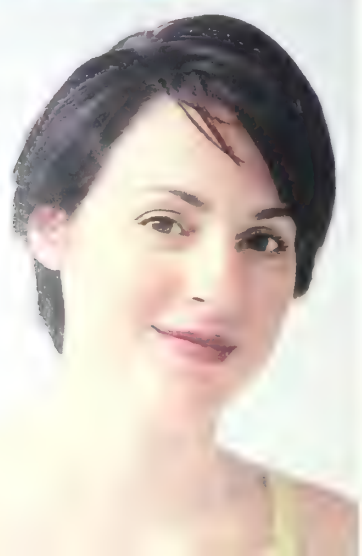
SPECIFICS: After shampooing and conditioning, apply a **straightening gel**. Blow-dry using a **round brush**, dryer nozzle pointed down. Then seal the places most apt to frizz (like your bangs) with a **pomade**—rub a small amount between your fingers and spot-apply. Short hair can handle a heavy protective coating without going flat.

THE STEAMY BATHROOM TEST: "I realize I must have put on too much pomade, because my hair got kind of flat. But it didn't frizz, and I'm thankful for that!"





Using Phyto Phytodéfrisant and Regis Shining Pomade made Cherish McShea's hair behave



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fine and wavy

TRICIA O'SHEA'S HUMIDITY HEADACHE: "My highlighted hair is pretty dry, but when it frizzes it looks really burnt out."

BLANDI'S STRATEGY: Moisturize, moisturize, moisturize, then lock in the look.

SPECIFICS: After shampooing, use a **moisturizing conditioner**. Then work a small amount of **styling lotion or spray** through hair with fingers to seal the cuticle. Bend at waist and flip hair forward to blow-dry, smoothing with a **paddle brush**. When half dry, flip head up and continue drying in sections, using a **large round brush** on the roots. Finally, apply a light **moisture-protecting hairspray** to hold in place.

THE STEAMY BATHROOM TEST: "My hair lost some volume after a bit, but I'm glad to report it stayed shiny and straight!"





Tricia's tactic: John Frieda's Frizz Ease Moisture Barrier Hair Spray and théorie Styling Creme

thick and flyaway

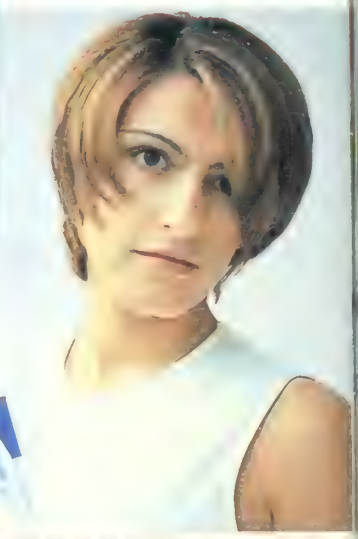
IVANA BARBIERA'S HUMIDITY HEADACHE: "If I don't spend forty minutes blow-drying it, I don't have a prayer for straight hair. Who's got that kind of time?"

BLANDI'S STRATEGY: Get an anti-curl chemical straightening treatment at a salon.

SPECIFICS: This treatment, which uses the same chemicals as for a permanent wave, relaxes curls and eliminates flyaways (during the procedure, hair is combed straight instead of set on rollers). Apply a **finishing cream** daily after blow-drying to create a moisture barrier that fights frizzies further.

THE STEAMY BATHROOM TEST: "My hair stayed pin-straight, and I didn't even need to restyle it."







The professional touch: Rusk Anti-Curl chemical straightener and Artec Texturecreme

coarse and curly

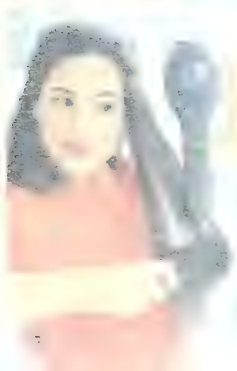
LAURA HOMLER'S HUMIDITY HEADACHE: "No matter what I do, my hair frizzes right up."

BLANDI'S STRATEGY: Arm yourself with the entire anti-frizz arsenal.

SPECIFICS: Start with a **moisturizing shampoo** and a **leave-in conditioner**. With hair still wet, apply a **silicone serum** to protect while blow-drying. Then use a **large round brush**, applying tension as you dry hair in sections, dryer nozzle down, using cool air bursts to help straighten. Apply **gloss**, then finish with a **straightening iron**.

THE STEAMY BATHROOM TEST: "Top marks!"











Shooting the works: Avon Techniques Hydrating Shampoo, Pantene Pro-V Light Spray Conditioner and Clairol Frizz Control High Gloss Hair Serum



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satisfying taste

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SURGEON GENERAL'S WARNING: Smoking By Pregnant Women May Result in Fetal Injury, Premature Birth, And Low Birth Weight.

ette by FTC method.



MY ACHING FEET

Foot pain should not be a fact of life. Here, the doctors' guide to banishing it for good

By Constance Costas

From our first baby steps, our feet provide independence, balance and grace. Over time, pain enters the mix. And many women consider it an unfortunate but unavoidable gender-linked trait. (Have you ever seen the *groomsmen* kick off their shoes at a wedding reception?) But the truth is, not only should feet be pain-free, most foot problems can be alleviated—and some with just a quick trip to the drugstore.

"The overwhelming majority of foot problems in women are caused by shoe wear," says Erroll Bailey, M.D., a foot and ankle specialist in Atlanta. "It's a part of the body where routine damage is largely self-inflicted."

In shoeless societies, foot deformities like bunions are rare. When they do occur, men and women are affected equally. In the U.S., 36 percent of people have a medically treatable foot problem. And among patients requiring surgery, 80 to 90 percent are women.

While you're busy blaming shoe designers, consider that you may be contributing, too—by buying the wrong size. In a recent study of 368 women, a whopping 88 percent were wearing shoes that were too small. "Tight shoe wear is the modern form of Chinese foot binding," says the study's co-author, Carol Frey, M.D., an associate professor of orthopedic surgery at the University of Southern California, in Los Angeles. "With long-term use of tight shoes that taper at the toe, the foot begins to take on the shape of the shoe." Shoes that are too loose can cause trouble as well.

To help you get fit from heel to toe, we went to the top experts in foot health and found out how to treat—and prevent—the most common problems.

The Bare Facts

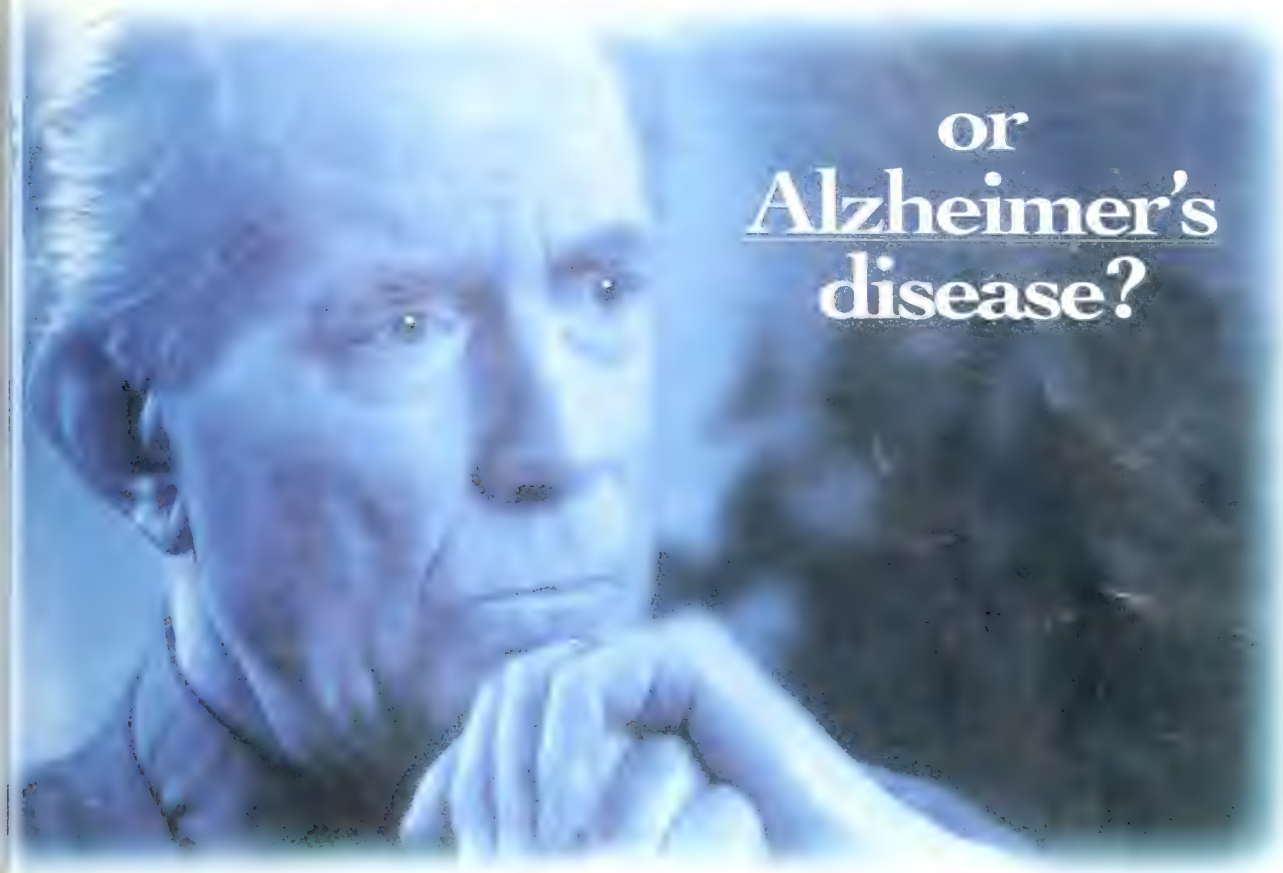
Feet are the body's unsung heroes. Over a lifetime, they'll walk an average 250,000 miles and dance a few steps along the way. The foot is both tough and tender: It's strong enough to support up to five times the average body's weight during high-impact activities, yet sensitive enough to detect a grain of sand underfoot.

The foot is an engineering marvel, with 26 bones, 56 ligaments, 38 muscles and a network of veins, arteries and nerves all working in concert. "When they don't, you see problems," says Bailey, whose clients include the dancers from the Atlanta Ballet.

And those problems go beyond the foot. Even a minor ill, like a blister, can alter body alignment. And if your shoes wear unevenly, your footfall may be off-kilter enough to trigger nagging knee or back pains, even headaches. Don't ignore these problems, hoping that with a little rest, they'll go away. A foot specialist can analyze your gait. In some cases, corrective shoe inserts can help. If your footfall is more dramatically misaligned, you may need pricier custom-made orthotics (which may be covered by medical insurance). In either case, it's best to remedy the problem before it becomes serious.

"Think of the body as a stack of building blocks. The feet are the bottom block, and if that bottom block isn't straight, it can topple the whole stack," explains Rebecca Snow, M.S., an expert on biomechanics at the Rockport Company, one of several manufacturers of comfort-designed dress shoes. *(continued on page 49)*

s it just forgetfulness...



Memory loss • Asking repeated questions • Trouble using words

When signs like these begin to affect everyday fe, they may not be a part of normal aging. They may be signs of Alzheimer's disease, an ncurable, progressive illness that robs patients nd their families of a lifetime of memories.

Today, however, the outlook for many is ecoming more hopeful. ARICEPT® is a inically proven, once-a-day prescription edicine available to treat symptoms in atients with mild to moderate Alzheimer's isease. Already, over 400,000 patients in he United States have begun ARICEPT herapy.

ARICEPT® is well tolerated, but some eople do experience side effects like nausea, iarrhea, insomnia, vomiting, muscle cramps, atigue, and loss of appetite. In clinical tudies, these effects were generally mild, temporary, and went away with continued ARICEPT® use; 2% of people taking ARICEPT® experienced fainting.

Only a doctor can evaluate symptoms such as forgetfulness and diagnose Alzheimer's disease. Speak to a doctor *today* about the benefits of ARICEPT® in treating Alzheimer's disease.

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Please see additional important product information on accompanying page.

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ARICEPT® (donepezil HCl) TABLETS

[illegible] DISEASE

ARICEPT® (Donepezil Hydrochloride Tablets)

[illegible]ATIONS AND USAGE
CONTRAINDICATIONS

[illegible]

Cardiovascular Conditions

[illegible]

Gastrointestinal Conditions: [illegible] cholinesterase inhibitors may be expected to increase [illegible] especially those at increased risk for developing ulcers, eg, [illegible] receiving concurrent nonsteroidal anti-inflammatory drugs (NSAIDS) [illegible] disease or gastrointestinal [illegible] ARICEPT® as a predictable consequence of its pharmacological properties, has been shown to produce diarrhea, nausea and vomiting. These effects, when they occur, appear more frequently with [illegible] lasting one to three weeks and have resolved during continued use of ARICEPT®. ***Genitourinary:*** Although not observed in clinical trials of ARICEPT®, cholinomimetics may cause bladder outflow obstruction. ***Neurological Conditions:*** [illegible] Cholinomimetics are believed to have some potential to cause generalized convulsions. However, seizure activity also may be a manifestation of Alzheimer's disease. ***Pulmonary Conditions:*** Because of [illegible] asthma or obstructive pulmonary disease. **PRECAUTIONS Drug-Drug Interactions** ***Drugs Highly Bound to Plasma Proteins:*** Drug displacement studies have been performed *in vitro* between this highly bound drug (96%) and other drugs such as furosemide, digoxin, and warfarin. ARICEPT® at concentrations of 0.3-10 µg/mL did not affect the binding of furosemide (5 µg/mL), digoxin (2 ng/mL), and warfarin (3 µg/mL) to human albumin. Similarly, the [illegible] ***Effect of ARICEPT® on the Metabolism of Other Drugs:*** No *in vivo* clinical trials have investigated the effect of ARICEPT® on the clearance of drugs metabolized by CYP 3A4 (eg, cisapride, terfenadine) or by CYP 2D6 (eg, imipramine). However, *in vitro* studies show a low rate of binding to these enzymes (mean K_i about 50 - 130 µM), that, given the therapeutic plasma concentrations of donepezil (164 nM), indicates little likelihood of interference. Whether ARICEPT® has any potential for enzyme induction is not known. Formal pharmacokinetic studies evaluated the potential of ARICEPT® for interaction with theophylline, cimetidine, warfarin and digoxin. No significant effects on the pharmacokinetics of these drugs were observed. ***Effect of Other Drugs on the Metabolism of ARICEPT®:*** Ketoconazole and quinidine, inhibitors of CYP450 3A4 and 2D6, respectively, inhibit donepezil [illegible] CYP 3A4 (eg, phenytoin, carbamazepine, dexamethasone, rifampin, and phenobarbital) could increase the rate of elimination of ARICEPT®. Formal pharmacokinetic studies demonstrated that the metabolism of ARICEPT® is not significantly affected by concurrent administration of digoxin or cimetidine. ***Use with Anticholinergics:*** Because of their mechanism of action, cholinesterase inhibitors have the potential to interfere with the activity of anticholinergic medications. ***Use with Cholinomimetics and Other Cholinesterase Inhibitors:*** A synergistic effect may be expected when cholinesterase inhibitors are given concurrently with succinylcholine, similar neuromuscular blocking agents or cholinergic agonists such as bethanechol. **Carcinogenesis, Mutagenesis, Impairment of Fertility** Carcinogenicity studies of donepezil have not been completed. Donepezil was not mutagenic in the Ames reverse [illegible] dose on a mg/m² basis). **Pregnancy** *Pregnancy Category C* Teratology studies conducted in pregnant rats at doses up to 16 mg/kg/day (approximately 13 times the maximum recommended human dose on a mg/m² basis) and in pregnant rabbits at doses up to 10 mg/kg/day (approximately 16 times the maximum recommended human dose on a mg/m² basis) did not disclose any evidence for a teratogenic potential of donepezil. However, in a study in which pregnant rats were given up to 10 mg/kg/day (approximately 8 times the maximum recommended human dose on a mg/m² basis) from day 17 of gestation through day 20 postpartum, there was a slight decrease in pup births and pup weight at 4 postpartum at this dose, the next-lower dose tested was 3 mg/kg/day. There are no adequate or well-controlled studies in pregnant women. ARICEPT® should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus. **Nursing Mothers** It is not [illegible]

Pediatric Use

[illegible] in children. **ADVERSE REACTIONS Adverse Events Leading to Discontinuation** The rate of withdrawal from controlled clinical trials of ARICEPT® due to adverse events for the ARICEPT® 5 mg/day treatment group was comparable to those of placebo-treatment groups at approximately 5%. The rate of withdrawal of patients who received 7 day escalations from 5 mg/day to 10 mg/day, was higher at 13%. The most common adverse events leading to discontinuation, defined as those occurring in at least 2% of patients and at twice the incidence seen in placebo patients, were nausea (1% [5 mg] and 3% [10 mg] vs 1% [illegible] vs 1% placebo).

Table 1. Comparison of Rates of Adverse Events in Patients Titrated to 10 mg/day Over 1 and 6 Weeks

	No titration		One-week titration	Six-week titration
	Placebo (n=315)	(n=311)	(n=315)	(n=269)
Nausea	[illegible]	[illegible]	19%	6%
Diarrhea	[illegible]	[illegible]	15%	9%
Insomnia	[illegible]	6%	14%	6%
Fatigue	3	[illegible]	8%	3%
Vomiting	[illegible]	3%	8%	[illegible]
[illegible]	[illegible]	[illegible]	8%	3%
Anorexia	[illegible]	3%	[illegible]	[illegible]

Most Frequent Adverse Clinical Events Seen in Association with the Use of ARICEPT® The most common adverse events, defined as those occurring at a frequency of at least 5% in patients receiving 10 mg/day and twice the placebo rate, are largely predicted by ARICEPT®'s cholinomimetic effects. These include nausea, diarrhea, insomnia, vomiting, muscle cramp, fatigue, and anorexia. These adverse events were often of mild or moderate intensity, and typically resolved during continued ARICEPT® treatment without the need for dose modification. There is evidence to suggest that the frequency of these common adverse events may be affected by the rate of titration [illegible] dose of 10 mg/day over a 6 week period. The rates of common adverse events [illegible] 10 mg/day over one week in the controlled clinical trials and were [illegible] titration regimens. **Adverse Events Reported in Controlled Trials** The [illegible] clinical trials in a highly selected patient [illegible] trial, these frequency estimates may not apply as the [illegible] patients treated may differ. Table 2 lists treatment emergent

Other Adverse Events

Table 2. Adverse Events Reported in Controlled Clinical Trials in at Least 2% of Patients Receiving ARICEPT® and at a Higher Frequency Than Placebo-treated Patients

Body System/Adverse Event	Placebo (n=355)	ARICEPT® (n=747)
Percent of Patients With Any Adverse Event	72	74
Body as a Whole		
Headache	9	10
Pain, Various Locations	8	9
Accident	6	7
Fatigue	3	5
Cardiovascular System		
Syncope	1	2
Digestive System		
Nausea	6	11
Diarrhea	5	10
Vomiting	3	5
Anorexia	2	4
Hemic and Lymphatic System		
Ecchymosis	3	4
Metabolic and Nutritional Systems		
Weight Decrease	1	3
Musculoskeletal System		
Muscle Cramps	2	6
Arthritis	1	2
Nervous System		
Insomnia	6	9
Dizziness	6	8
Depression	<1	3
Abnormal Dreams	0	3
Somnolence	<1	2
Urogenital System		
Frequent Urination	1	2

Observed During Clinical Trials ARICEPT® has been administered to over 1700 individuals during clinical tr[illegible] worldwide. Approximately 1200 of these patients have been treated for at least 3 months and m[illegible] than 1000 patients have been treated for at least 6 months. Controlled and uncontrolled trials in the United St[illegible] included approximately 900 patients. In regards to the highest dose of 10 mg/day, this population inclu[illegible] 650 patients treated for 3 months, 475 patients treated for 6 months and 116 patients treated for over 1 y[illegible] The range of patient exposure is from 1 to 1214 days. Treatment emergent signs and symptoms that occur[illegible] during 3 controlled clinical trials and two open-label trials in the United States were recorded as adverse events by [illegible] clinical investigators using terminology of their own choosing. To provide an overall estimate of the proportion[illegible] individuals having similar types of events, the events were grouped into a smaller number of standard[illegible] categories using a modified COSTART dictionary and event frequencies were calculated across all studies. Th[illegible] categories are used in the listing below. The frequencies represent the proportion of 900 patients from these trials w[illegible] experienced that event while receiving ARICEPT®. All adverse events occurring at least twice are included, except[illegible] those already listed in Tables 1 or 2, COSTART terms too general to be informative, or events less likely to be d[illegible] caused. Events are classified by body system and listed using the following definitions: *frequ[illegible] adverse events*—those occurring in at least 1/100 patients, *infrequent adverse events*—those occurring in 1/100[illegible] 1/1000 patients. These adverse events are not necessarily related to ARICEPT® treatment and in most cases w[illegible] observed at a similar frequency in placebo-treated patients in the controlled studies. No important additional adve[illegible] events were seen in studies conducted outside the United States. **Body as a Whole:** *Frequent* influenza, chest pa[illegible] toothache, *Infrequent* fever, edema face, periorbital edema, hernia hiatal, abscess, cellulitis, chills, generali[illegible] coldness, head fullness, listlessness. **Cardiovascular System:** *Frequent* hypertension, vasodilation, atr[illegible] fibrillation, hot flashes, hypotension, *Infrequent* angina pectoris, postural hypotension, myocardial infarction[illegible] block (first degree), congestive heart failure, arteritis, bradycardia, peripheral vascular disease, supraventricu[illegible] tachycardia, deep vein thrombosis. **Digestive System:** *Frequent* fecal incontinence, gastrointestinal bleedi[illegible] bloating, epigastric pain. *Infrequent* eructation, gingivitis, increased appetite, flatulence, periodontal absce[illegible] cholelithiasis, diverticulitis, drooling, dry mouth, fever sore, gastritis, irritable colon, tongue edema, epigast[illegible] distress, gastroenteritis, increased transaminases, hemorrhoids, ileus, increased thirst, jaundice, melena, polydips[illegible] duodenal ulcer, stomach ulcer. **Endocrine System:** *Infrequent* diabetes mellitus, goiter. **Hemic and Lympha[illegible] System:** *Infrequent* anemia, thrombocythemia, thrombocytopenia, eosinophilia, erythrocytopenia. **Metabolic a[illegible] Nutritional Disorders:** *Frequent* dehydration, *Infrequent* gout, hypokalemia, increased creatine kina[illegible] hyperglycemia, weight increase, increased lactate dehydrogenase. **Musculoskeletal System:** *Frequent* bo[illegible] fracture. *Infrequent* muscle weakness, muscle fasciculation. **Nervous System:** *Frequent* delusions, trem[illegible] irritability, paresthesia, aggression, vertigo, ataxia, increased libido, restlessness, abnormal crying, nervousne[illegible] aphasia. *Infrequent* cerebrovascular accident, intracranial hemorrhage, transient ischemic attack, emotional labil[illegible] neuralgia, coldness (localized), muscle spasm, dysphoria, gait abnormality, hypertonia, hypokinesia, neurodermatit[illegible] numbness (localized), paranoia, dysarthria, dysphasia, hostility, decreased libido, melancholia, emotion[illegible] withdrawal, nystagmus, pacing. **Respiratory System:** *Frequent* dyspnea, sore throat, bronchitis. *Infrequent* epistaxis, postnasal drip, pneumonia, hyperventilation, pulmonary congestion, wheezing, hypoxia, pharyngit[illegible] pleurisy, pulmonary collapse, sleep apnea, snoring. **Skin and Appendages:** *Frequent* pruritus, diaphores[illegible] urticaria. *Infrequent* dermatitis, erythema, skin discoloration, hyperkeratosis, alopecia, fungal dermatitis, herp[illegible] zoster, hirsutism, skin striae, night sweats, skin ulcer. **Special Senses:** *Frequent* cataract, eye irritation, visi[illegible] blurred. *Infrequent* dry eyes, glaucoma, earache, tinnitus, blepharitis, decreased hearing, retinal hemorrhage, oti[illegible] externa, otitis media, bad taste, conjunctival hemorrhage, ear buzzing, motion sickness, spots before eyi[illegible] **Urogenital System:** *Frequent* urinary incontinence, nocturia. *Infrequent* dysuria, hematuria, urinary urgenc[illegible] metrorrhagia, cystitis, enuresis, prostate hypertrophy, pyelonephritis, inability to empty bladder, breast fibroadenos[illegible] fibrocystic breast, mastitis, pyuria, renal failure, vaginitis. **Postintroduction Reports** Voluntary reports of adver[illegible] events temporally associated with ARICEPT® that have been received since market introduction that are not list[illegible] above, and that may have no causal relationship with the drug include the following: abdominal pain, agitatio[illegible] cholecystitis, confusion, convulsions, hallucinations, hemolytic anemia (rare event), pancreatitis, and ra[illegible] **OVERDOSAGE Because strategies for the management of overdose are continually evolving, it advisable to contact a Poison Control Center to determine the latest recommendations for t[illegible] management of an overdose of any drug.** As in any case of overdose, general supportive measures should utilized. Overdosage with cholinesterase inhibitors can result in cholinergic crisis characterized by severe nausi[illegible] vomiting, salivation, sweating, bradycardia, hypotension, respiratory depression, collapse and convulsion[illegible] Increasing muscle weakness is a possibility and may result in death if respiratory muscles are involved. Tertia[illegible] anticholinergics such as atropine may be used as an antidote for ARICEPT® overdosage. Intravenous atropine sulfa[illegible] titrated to effect is recommended: an initial dose of 1.0 to 2.0 mg IV with subsequent doses based upon clinic[illegible] response. Atypical responses in blood pressure and heart rate have been reported with other cholinomimetics wh[illegible] co-administered with quaternary anticholinergics such as glycopyrrolate. It is not known whether ARICEPT® and/or[illegible] metabolites can be removed by dialysis (hemodialysis, peritoneal dialysis, or hemofiltration). Dose-related signs[illegible] toxicity in animals included reduced spontaneous movement, prone position, staggering gait, lacrimation, clon[illegible] convulsions, depressed respiration, salivation, miosis, tremors, fasciculation and lower body surface temperatu[illegible] **DOSAGE AND ADMINISTRATION** The dosages of ARICEPT® shown to be effective in controlled clinical trials are[illegible] mg and 10 mg administered once per day. Controlled clinical trials indicate that the 10 mg dose, with a one we[illegible] titration, is likely to be associated with a higher incidence of cholinergic adverse events than the 5 mg dose. Becau[illegible] steady state is not achieved for 15 days and because the incidence of such effects may be influenced by the rate of do[illegible] escalation, treatment with a dose of 10 mg should not be contemplated until patients have been on a daily dose of 5 m[illegible] for 4 to 6 weeks. Whether or not to employ a dose of 10 mg is a matter of prescriber and patient preference. ARICEP[illegible] should be taken in the evening, just prior to retiring, and may be taken with or without food. Revised January, 19[illegible]

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ACHING FEET

ued from page 44

der Foot

ne time you're twenty-five, your are getting old. "Once the bones fully developed, the muscles en, the ligaments start to sag the foot begins to flatten and id," says Suzanne M. Levine, M., a Manhattan-based podia- and author of *50 Ways to Ease Pain* (Publications International,). Add pregnancy—a time when nent-loosening hormones run ant in a woman's body—and the can grow by a full shoe size.

estyle also plays a role. An of- ob that involves daily high-heel and a ten-pound weight gain sitting behind a desk all day can its toll: The added pounds in- e pressure on feet and can flat- fat pads—the natural cushion r the balls and heels. High heels press the forefoot, where most problems develop.

ll, foot specialists insist that foot problems are preventable. eep feet healthy for life, show some respect:

evaluate shoe size often; your will enlarge throughout adult- . Wearing too-small shoes con- tes to bone and joint deformities ell as nerve damage to feet. Get feet measured when you try on s. Your feet can differ from each r by a half or full size, and if do, buy for the larger foot.

on't trust the label. Shoe sizes If a shoe feels snug, try the next up. There should be about a ab's width of space between your st toe and the front of the shoe. toes should have room to wig- Lift your heel and see if it slips of the shoe (you can fix a little with an adhesive heel liner from lrugstore).

ear two-inch heels sparingly. s are fine for going out to din- but choose a lower style for a of shopping. Look for shoes that haped like your feet.

t your feet up. "As we age, the systems in our legs don't pump blood back up to the heart as well as they should," says Kathleen M. Stone, D.P.M., a podiatrist in Glendale, Arizona. "Elevating feet combats gravity and helps relieve the swelling common to older feet."

- Exercise. The circulation boost will benefit feet. Low-impact workouts like walking, swimming or biking are the kindest.
- Don't ignore pain. Healthy feet shouldn't hurt. See a foot specialist to have pain treated before it leads to a more serious problem.

Agonies Of The Feet

Most foot complaints stem from a small list of ailments. Levine and other foot specialists have some advice on how to treat them at home and when it's best to see a podiatrist. (If you have diabetes or circulatory problems, consult a doctor before attempting home treatment.)

Black toenail When tissue beneath the toenail is bruised, it turns black. This condition is common in dancers and runners and indicates that the toe is hitting the shoe. Correct shoe fit and padded socks can help.

Bunion This bump on the outside of the big toe at the base signals a bone shift. The big toe angles toward the second toe (where it may cause a hammertoe). Bunions usually result from tight shoes or a gait problem or both. Many women avoid treatment because they fear surgery, but proper shoe fit or orthotics can keep a bunion from getting worse. When painful bursas (inflamed, fluid-filled sacs) accompany a bunion, doctors may immobilize the foot in a cast to permit healing. If this fails, surgery may be necessary.

Calluses These larger formations of toughened skin are usually found on the soles or heels. When calluses press on nerves, they can cause pain. To prevent them, soak feet in lukewarm water—try adding foot soaks that contain sodium bicarbonate or chamomile and other herbs—then apply a little moisturizing cream and rub them with a pumice stone daily, or at least weekly. Moleskin pads, shoe inserts or orthotics can relieve callus-causing pressure *(continued)*



and friction. Look for reusable adhesive cushions that you cut to fit your calluses.

Corns These small wartlike bumps of dead skin generally are found on toes or between them, and often have a painful core. They are usually caused by a shoe that rubs. Doughnut pads help by relieving pressure, but be careful with acid-treated versions, which can burn healthy tissue if used improperly. Never trim corns yourself or try to file them; see a doctor for removal. Stubborn corns may signal an underlying bone deformity, which can be diagnosed with an X ray.

Foot fungus Fungus lurks in gym showers, hotel carpets and shoe insoles. When it breeds, it can cause burning, itching and peeling—the classic symptoms of athlete's foot. To prevent, change sweaty socks often, dry feet with a blow-dryer and wear scuffs in public barefoot zones like pool decks. Treat infections with drugstore antifungal creams or sprays containing aluminum chlorhydroxide. If a fungal infection invades the nail (it becomes yellow, brittle and cracks), see a doctor for an antifungal medication.

Heel pain Heel pain can occur when the fatty "pads" under the heel wear thin. Cushioned shoe inserts, rubber heel cups and arch supports can help. Avoid pounding workouts, standing on hard floors and wearing thin-soled shoes. If pain persists, see a doctor to rule out such problems as heel spurs (a bony growth), bursas or plantar fasciitis (inflammation of the tissue on the arch).

Ingrown toenails When the nail's edge jabs into neighboring skin, it causes tenderness and inflammation. To prevent, file nails straight across (never in ovals). To soothe pain, soak your feet in lukewarm water with moisturizing, antibacterial soap. See a doctor immediately if the toe becomes infected.

Morton's neuroma This condition is characterized by pins-and-needles pain and [illegible]



PUTTING OUR FEET TO THE TEST

Do most women wear the right shoes? To find out, we put the feet of six *Ladies' Home Journal* editors to the test. Each editor brought three pairs of favorite summer shoes or sandals to be checked out by podiatrist Suzanne M. Levine, D.P.M. She told us which to wear—and which to toss. Below, some of her suggestions.

THE BIG PICTURE

- One editor had inherited problem feet. In addition to pronating (her feet roll in as she walks—a structural problem that often leads to painful conditions), she has long toes that make fitting shoes a challenge.
- Four of our subjects also pronate.
- Four editors had bunions.
- Three had calluses.
- Two had corns.
- One was problem-free.

KARYN (far left in the photo above), her pinky toes are curving in, but Levine says pointy shoes are not to blame in her case. Karyn pronates and the toe curves from the forces placed on her foot with each step. As she gets older, she'll develop painful corns. Her shoes are making the problem worse: They've worn down on the outer heel, allowing her foot to roll even more. Levine suggests that she go to a shoemaker after every six weeks of wear to get her heels fixed.



Dr. Levine applauds Lois's healthy heels

MARY (second from left) has bunions that make shoes hard to fit. She needs a very narrow heel but a much wider forefoot. Mary usually chooses shoes of stretchy materials such as suede or cloth, which allow the toe box to expand while keeping her heel firmly in place. Her flat leather sandals are an exception—they don't stretch and are too low to be healthy for her pronating stride. Also, her feet will swell—especially on warm days—and the straps will dig in.

KIM (middle) has a wide foot and narrow heel. She needs a shoe that holds her forefoot comfortably without crushing it. The open-toed pumps she showed Levine got high ratings for fit. They're made on a combination last, designed specifically to fit the many women with Kim's type of foot. But some of her other shoes—such as the sandals shown here—do put pressure on her feet, as evidenced by discoloration on the knuckles of her toes, says Levine.

AIMEE (second from right) has sandals with thin straps around her heel. Levine says they don't hold her heel securely, and the slippage causes cracks on the back of her heels—a common problem most of us blame on dry skin. She recommends that Aimee choose thicker straps around her heel for a more secure fit.

ANNA (far right) has several pairs of sandals with thin straps running across her toes. Levine says they press her toes together, causing a bunion on her pinky toe (called a talus bunion) and painful corns there as well. She'd be better off wearing sandals with wider straps at the ball of her foot. Even the pair pictured here would be more comfortable if the strap was higher on her foot.

LOIS (inset photo) inherited perfect feet and gets away with pointy-toed backless shoes that could cause bunions, corns and curvature of the toes in lesser feet. —Elena Rover

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All before-and-after photographs completely unretouched. Results are after 24 weeks treatment with Renova and a [illegible] program, including sun protection. Individual results may vary.



FOR TOPICAL USE ON THE FACE ONLY

Brief Summary

IMPORTANT NOTE — This information is a **BRIEF SUMMARY of the complete prescribing information provided with the product and therefore should not be used as the basis for prescribing the product. This summary was prepared by deleting from the complete prescribing information certain text, tables, and references. The physician should be thoroughly familiar with the complete prescribing information before prescribing the product**

INDICATIONS AND USAGE:

RENOVA (tretinoin emollient cream) 0.05% is indicated as an adjunctive agent (see second bullet point below)

RENOVA DOES NOT ELIMINATE WRINKLES, REPAIR SUN DAMAGED SKIN, REVERSE PHOTOAGING, or RESTORE A MORE YOUTHFUL or YOUNGER DERMAL HISTOLOGIC PATTERN. Many patients achieve desired palliative effects on fine

and sun avoidance programs including sunscreens, protective clothing, and emollient creams **NOT** containing tretinoin

- RENOVA has demonstrated NO MITIGATING EFFECT on significant signs of chronic sun exposure such as coarse or deep wrinkling, skin yellowing (lentigines) telangiectasia, skin laxity, keratinocytic atypia, melanocytic

- RENOVA should be used under medical supervision as an adjunct to a comprehensive skin care and sun avoidance program that includes the use of effective sunscreens (minimum SPF of 15) and protective clothing when desired results on fine wrinkles, mottled hyperpigmentation, and roughness of facial skin have not been achieved with a comprehensive skin care and sun avoidance program alone

- The effectiveness of RENOVA in the mitigation of fine wrinkles, mottled hyperpigmentation, and tactile roughness of facial skin has not been established in people greater than 50 years of age OR in people with moderately to heavily pigmented skin. In addition, patients with visible actinic keratoses and patients with a history of skin cancer were excluded from clinical trials of RENOVA. Thus the effectiveness and safety of RENOVA in these populations are not known at this time. (See **WARNINGS** section.)

- Neither the safety nor the effectiveness of RENOVA for the prevention or treatment of actinic keratoses or skin neoplasms has been established.

- Neither the safety nor the efficacy of using RENOVA daily for greater than 48 weeks has been established, and daily use beyond 48 weeks has not been systematically and histologically investigated in adequate and well-controlled trials. (See **WARNINGS** section.)

CONTRAINDICATIONS:

WARNINGS

- RENOVA is a dermal irritant, and the results of continued irritation of the skin for greater than 48 weeks are not known. There is evidence of atypical changes in melanocytes and keratinocytes, and of increased dermal elastosis in some patients treated with RENOVA for longer than 48 weeks. The significance of these findings is unknown.
- Safety and effectiveness of RENOVA in individuals with moderately or heavily pigmented skin have not been established.

- RENOVA should not be administered if the patient is also taking drugs known to be photosensitizers (e.g., thiazides, tetracyclines, fluoroquinolones, phenothiazines, sulfonamides) because of the possibility of augmented phototoxicity.

- Safety and effectiveness of RENOVA in individuals older than 50 years of age have not been established.

This product should only be used under medical supervision as part of a comprehensive skin care and sun avoidance program. (See **INDICATIONS AND USAGE** section.) It should only be applied before retiring at night. Because of heightened burning susceptibility, exposure to sunlight (including sunlamps) should be avoided or minimized during use of RENOVA. Patients must be warned to use sunscreens (minimum SPF of 15) and protective clothing when using RENOVA. Patients with sunburn should be advised not to use RENOVA until fully recovered. Patients who may have considerable sun exposure due to their occupation and those patients with inherent sensitivity to sunlight should exercise particular caution when using RENOVA and assure that the precautions outlined in the Information for Patients subsection are observed.

RENOVA should be kept out of the eyes, mouth, angles of the nose, and mucous membranes. Topical use may cause severe local erythema, pruritus, burning, stinging, and peeling at the site of application. If the degree of local irritation warrants, patients should be directed to use less medication, decrease the frequency of application, discontinue use temporarily, or discontinue use altogether.

Tretinoin has been reported to cause severe irritation on eczematous skin and should be used only with utmost caution in patients with this condition.

Application of larger amounts of medication than recommended will not lead to more rapid or better results, and marked redness, peeling, or discomfort may occur.

PRECAUTIONS:

General: RENOVA should only be used as an adjunct to a comprehensive skin care and sun avoidance program. (See **INDICATIONS AND USAGE** section.)

If a drug sensitivity, chemical irritation, or a systemic adverse reaction develops, use of RENOVA should be discontinued.

Weather extremes, such as wind or cold, may be more irritating to patients using RENOVA.

Information for Patients: A patient information leaflet has been prepared and is included with each package of RENOVA medication. Patients should be instructed:

- That RENOVA is a cosmetic preparation and should be applied only as an adjunct to a comprehensive skin

- To use only one RENOVA (tretinoin) product and never use RENOVA more often than instructed as application of other emollient preparations more frequently than recommended will not lead to more rapid or better results, and marked

- Only to apply RENOVA before retiring at night.

- To use a sunscreen with a minimum SPF of 15 during the day when being treated with RENOVA. Following discontinuation of therapy, it is important to use the sun and use of a sunscreen with a minimum SPF of 15 is recommended.

- To avoid direct sunlight as much as possible whenever using RENOVA, and to avoid sunlamps totally while using RENOVA.

- NOT to use RENOVA if sunburn is present, if the patient has eczema or other chronic skin condition(s)

- NOT to use RENOVA if also taking other drugs that increase sensitivity to sunlight.

- To use RENOVA with caution if also using other topical agents with a strong skin drying effect: products with high concentrations of alcohol, astringents, spices or lime, medicated soaps or shampoos, permanent wave solutions, electrolysis, hair depilatories or waxes, or other preparations or processes that might dry or irritate the skin, unless otherwise instructed by their health care practitioner.

- To discontinue use of RENOVA and consult their health care provider if sensitivity or increased chemical

- That a majority of patients will lose most mitigating effects on fine wrinkles, mottled hyperpigmentation, a tactile roughness of facial skin with discontinuation of a comprehensive skin care and sun avoidance p including RENOVA, however, the safety and effectiveness of using RENOVA daily for greater than 48 have not been established.

- That most of the improvement noted with RENOVA is seen during the first 24 weeks of therapy. Thereafte apy primarily maintained the improvement realized during the first 24 weeks.

Drug Interactions: Concomitant topical medications, medicated or abrasive soaps, shampoos, cleanser metics with a strong drying effect, products with high concentrations of alcohol, astringents, spices or lim manent wave solutions, electrolysis, hair depilatories or waxes, and products that may irritate the skin sho used with caution in patients being treated with RENOVA because they may increase irritation with RENO

RENOVA should not be administered if the patient is also taking drugs known to be photosensitizers (e azides, tetracyclines, fluoroquinolones, phenothiazines, sulfonamides) because of the possibility of augm phototoxicity.

Carcinogenesis, Mutagenesis, Impairment of Fertility: In a life-time dermal study in CD-1 mice, at 1 200 times the average recommended human topical clinical dose, a few skin tumors in the female mice a tumors in male mice were observed. The biological significance of these findings is not clear becaus occurred at doses that exceeded the dermal maximally tolerated dose (MTD) of tretinoin and because the within the background natural occurrence rate for these tumors in this strain of mice. There was no evide carcinogenic potential when tretinoin was administered topically at a dose 5 times the average recomm human topical clinical dose. For purposes of comparisons of the animal exposure to human exposure, th ommended human topical clinical dose" is defined as 500 mg of 0.05% RENOVA applied daily to a 50 kg p

In a chronic, two-year bioassay of Vitamin A acid in mice performed by Tsubura and Yamamoto, generalize loid deposition was reported in all groups in the basal layer of the Vitamin A treated skin. In CD-1 mice, a study reported hyalinization at the treated skin sites and the incidence of this finding was 0/50, 3/50, 3/5 2/50 in male mice and 1/50, 0/50, 4/50, and 2/50 in female mice from the vehicle control, 0.25 mg/kg, 0.5 and 1 mg/kg groups, respectively.

Studies in hairless albino mice suggest that tretinoin may enhance the tumorigenic potential of carcin doses of UVB and UVA light from a solar simulator. In other studies, when lightly pigmented hairless mice ed with tretinoin were exposed to carcinogenic doses of UVB light, the incidence and rate of development tumors were either reduced or no effect was seen. Due to significantly different experimental conditions, n comparison of these disparate data is possible at this time. Although the significance of these studies to h is not clear, patients should minimize exposure to sun.

The mutagenic potential of tretinoin was evaluated in the Ames assay and in the *in vivo* mouse micron assay, both of which were negative.

Dermal Segment I and III studies with RENOVA have not been performed in any species. In oral Segmen Segment III studies in rats with tretinoin, decreased survival of neonates and growth retardation were ob at doses in excess of 2 mg/kg/day (>400 times the average recommended human topical clinical dose).

Pregnancy:

Teratogenic effects: Pregnancy Category C.

ORAL tretinoin has been shown to be teratogenic in rats, mice, rabbits, hamsters, and subhuman primates teratogenic and fetotoxic in rats when given orally in doses 1000 times the average recommended human clinical dose. However, variations in teratogenic doses among various strains of rats have been reported cynomolgus monkey, which, metabolically, is closer to humans for tretinoin than the other species examine malformations were reported at doses of 10 mg/kg/day or greater, but none were observed at 5 mg/kg/day times the average recommended human topical clinical dose), although increased skeletal variations observed at all doses. A dose-related increased embryolethality and abortion was reported. Similar result also been reported in pigtail macaques.

TOPICAL tretinoin in animal teratogenicity tests has generated equivocal results. There is evidence for genicity (shortened or kinked tail) of topical tretinoin in Wistar rats at doses greater than 1 mg/kg/day (200 the recommended human topical clinical dose). Anomalies (humerus, short 13%, bent 6%, os parietal pletely ossified 14%) have also been reported when 10 mg/kg/day was dermally applied.

There are other reports in New Zealand White rabbits with doses of approximately 80 times the recomm human topical clinical dose of an increased incidence of domed head and hydrocephaly, typical of re induced fetal malformations in this species.

In contrast, several well-controlled animal studies have shown that dermally applied tretinoin was not terat at doses of 100 and 200 times the recommended human topical clinical dose, in rats and rabbits, respecti

With widespread use of any drug, a small number of birth defect reports associated temporally with the ac tration of the drug would be expected by chance alone. Thirty cases of temporally-associated congenital r mations have been reported during two decades of clinical use of another formulation of topical tretinoin A). Although no definite pattern of teratogenicity and no causal association has been established from cases, 5 of the reports describe the rare birth defect category holoprosencephaly (defects associated with plete midline development of the forebrain). The significance of these spontaneous reports in terms of risk fetus is not known.

Non-teratogenic effects:

Dermal tretinoin has been shown to be fetotoxic in rabbits when administered in doses 100 times the r mended topical human clinical dose. Oral tretinoin has been shown to be fetotoxic in rats when administe doses 500 times the recommended topical human clinical dose.

There are, however, no adequate and well-controlled studies in pregnant women. RENOVA should not be during pregnancy.

Nursing Mothers: It is not known whether this drug is excreted in human milk. Because many drugs are ex in human milk, caution should be exercised when RENOVA is administered to a nursing woman.

Pediatric Use: Safety and effectiveness in patients less than 18 years of age have not been established.

Geriatric Use: Safety and effectiveness in individuals older than 50 years of age have not been establishe

ADVERSE REACTIONS:

(See **BOXED WARNING**, **WARNINGS**, and **PRECAUTIONS** sections.)

In double-blind, vehicle-controlled studies involving 179 patients who applied RENOVA to their face, adverse tions associated with the use of RENOVA were limited primarily to the skin. During these trials, 4% of patier to discontinue use of RENOVA because of adverse reactions. These discontinuations were due to skin ir or related cutaneous adverse reactions.

Local reactions such as peeling, dry skin, burning, stinging, erythema, and pruritus were reported by alm subjects during therapy with RENOVA. These signs and symptoms were usually of mild to moderate sever generally occurred early in therapy. In most patients the dryness, peeling, and redness recurred after an ini week) decline.

OVERDOSAGE:

Application of larger amounts of medication than recommended will not lead to more rapid or better resul marked redness, peeling, or discomfort may occur. Oral ingestion of the drug may lead to the same side as those associated with excessive oral intake of Vitamin A.

Caution: Federal law prohibits dispensing without prescription.

DERMATOLOGICAL DIVISION
ORTHO PHARMACEUTICAL CORPORATION
Raritan, New Jersey 08869

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Continued from page 50

numbness, almost always between the third and fourth toes. The cause is usually narrow shoes that crowd toe bones, which in turn pinch nerves clustered between them until they are inflamed. A gait imbalance or bone misalignment can irritate nerves, too. Treatment options include wider shoes, orthotics to correct gait, oral medications to decrease swelling, cortisone injections or surgery.

Sweaty feet Feet have 250,000 sweat glands. Daily care counts: Wash feet, dry them well and apply a powder, foot spray or antiperspirant. You may also want to change socks during the day.

Foot Faults

Because foot pain is often suffered in silence, myths about feet persist.

MYTH: Bunions are genetic. My mother had them, so I'll have them.
FACT: Erroll Bailey says only 10 percent of bunions are caused by a genetic bone deformity of the big toe (this is usually the case for men who have bunions). For the rest of us, "the only way bunions are hereditary is if a woman wears the same kind of shoes her mother and her grandmother wore," he says. Tight shoes cause 90 percent of bunions.

MYTH: Surgery is the only way to get rid of a plantar wart.
FACT: Surgery is just one option for a wart on the bottom (or plantar surface) of the foot. Since warts thrive in moist environments, keep feet and shoes dry, keep shoes outside the closet, switch shoes daily and try drying products, such as powders. If these drugstore remedies fail, a doctor's arsenal of treatments includes lasers, freezing, injections, ultrasound and stronger drying agents. Although plantar warts are viral, stress reduction and even hypnosis can help because stress may cause outbreaks. And sometimes, plantar warts simply disappear on their own.

MYTH: You have to "break in" shoes before they really feel comfortable.
FACT: The experts are unanimous: If the shoe doesn't fit, don't buy it. Shoes should feel good before you leave the store. And keep in mind that most shoe departments have padded carpets. Before you buy, try shoes in an uncarpeted aisle. Other tips: Judge shoes by the fit, not the size, which can vary by brand and design. Shop late in the day, when feet are slightly swollen. Be careful to select shoes with a snug heel fit and enough width in the front.

MYTH: Cushy shoes are better when you're going to be standing a lot.
FACT: That walking-on-air feeling may mean your shoes are too soft to support feet through a long day of standing. Look for good arch supports and steer clear of flimsy sides—shoes that have structured uppers, such as those made of leather, hold feet securely in place.

Another bad choice for all-day standing: thin-soled loafers. Instead, look for shock-absorbing soles. If dress heels are a must, try comfort brands like Rockport, Naturalizer and Easy Spirit. Changing shoes throughout the day (to vary heel height) also helps prevent fatigue.

MYTH: I get a lot of ingrown toenails, so I must be naturally prone to them.
FACT: Ingrown nails are self-inflicted from tight shoes, improper grooming of toenails or both. Trade pointed scissors for a file. You'll be less likely to gouge tender tissue and introduce bacteria.

MYTH: Expensive shoes should last at least two seasons.
FACT: Not necessarily: Quality counts, but gait and lifestyle affect shoe wear and tear, too. "Some people are crushers; they walk fast and land hard," says Frey. "It doesn't mean they weigh a lot." Correct fit helps shoes wear better. If you're tough on footwear, rotate shoes and replace them often.

Foot Fitness

Have you rubbed your feet today? Foot doctors say that massage, stretching, toe-wiggling and simply going barefoot can refresh tired feet and keep them healthy. "When feet are braced in shoes all day, it makes them weak," says Carol Frey. "Weak feet do nothing to resist the deforming effects of shoe wear. You get bunions and hammertoes, arch strain and heel pain because your feet are out of condition."

Doctors often prescribe specific exercises to ease and correct foot ailments. But simple stretching and strengthening moves (like picking up marbles with your toes) or massage techniques (rolling a golf ball underfoot) help feet maintain strength and flexibility, too. Combined with a lukewarm-water soak (add Epsom salts to stimulate circulation), this kind of "workout" helps feet bounce back after a hard day.

The Pampered Foot

Winter-weary feet can be rough and cracked and in desperate need of rehabilitation. The solution: a new breed of glycolic acid–based foot treatments formulated to tackle even the toughest skin. Unlike moisturizers, the fruit-acid products jumpstart the smoothing process by loosening the "glue" that locks sluggish cells to the foot's surface. You may find these products at drugstores, but you'll be able to get a stronger version from a dermatologist or salon.

"The cell turnover rate for skin on the feet is ninety days—that's six times longer than the rate for facial skin," says Eugene J. Van Scott, M.D., a dermatologist in Abington, Pennsylvania, who pioneered early glycolic-acid research. Studies prove the products can cut turnover time in half. And, says Diane Young, owner of The Diane Young Anti-Aging Salon, in Manhattan, you won't need pedicures as often because feet stay smooth. ●

Gillian Cosgrove is a health and fitness writer in Richmond, Virginia.

30 Days to More Self-Esteem



From the *Chicken Soup for the Woman's Soul* authors, a four-week plan to foster self-acceptance and help you to meet life's challenges with gusto

By Marci Shimoff and Jennifer Read Hawthorne

When you look in the mirror, what do you see? A woman you like, someone whose talents and good qualities you appreciate and whose shortcomings you have learned to accept? Or an anxious, inadequate bundle of flaws and defects? If the second person sounds more like you, your self-esteem is in need of some serious repair work.

High self-esteem is important not only for your emotional well-being, but also for the overall quality of your life, and it defines the way you respond to others. While working on our *Chicken Soup for the Woman's Soul* over the past few years, we've read thousands of stories from women all over the country. Again and again, we have been struck by their ability to overcome seemingly insurmountable obstacles—as long as they value and believe in themselves.

Unfortunately, few of us are in touch with this inner source of strength. Many women stay trapped in destructive relationships simply because they think they can't make it on their own; others, lacking confidence in their own abilities, never pursue their dreams. Why is low self-esteem so common? Take a moment to consider what you tend to base your self-esteem on. If you're like most people, you'll mention things like appearance, relationships, possessions, job and social status, salary, accomplishments and where you went to school—all external markers of value. They have little to do with who we really are. Any sense of self-worth based on such external factors has a shaky foundation indeed, because these things are always changing.

True self-esteem stems from the knowledge that we have inherent value, no matter what our circumstances happen to be. When we value ourselves for who we are, the inner confidence we gain will help us to face any challenge—even failure. It is not the people with the best circumstances who make the most of their lives. It is the people with the right attitude.

Oprah Winfrey is a well-known case in point. Born to poor, unwed teenage parents in rural Mississippi, sexually molested by male relatives in her teens, and mother at age fourteen to a premature baby that died, she wasn't exactly served success on a silver platter. But Oprah had an indomitable spirit and an unshakable faith that she was born to greatness. And she wasn't afraid to turn this belief into a reality. As she told the 1993 graduating class of Spelman College: "It doesn't matter what you've been through, where you come from, who your parents are or what your social or economic status is. None of that matters." What does matter is how you choose to love, how you *(continued)*

Once a year if you're lucky.



Every day if you want.





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express that love through your work, through your family, through [illegible]. As Oprah says, "Be a queen. Own your power and your glory!"

How do you do this? By growing to love and accept yourself with all your talents and inadequacies, your strengths and blemishes. The first thing to do is to sit down and make a list, from the inside out, of the things you like about yourself, what you would like to change, and which things you must simply accept because they are outside your power to change. Remember that building self-esteem involves all aspects of your life—your mind, your body and your spirit—and you need to replace destructive patterns of thinking and acting with those that will nourish your self-reliance and shore up your confidence.

Each day over the next four weeks, try the following exercises. The first week focuses on habits that nourish the mind, the second on those that strengthen the body and the third on activities that will help unfold the spiritual aspect of your life. In the fourth week, we'll put it all together.

WEEK ONE

Mind: Accenting the Positive



Everything in your life—actions, decisions, goals and plans—is the outcome of your thinking process. Yet medical researchers estimate that more than 75 percent of the thoughts we have every day are negative or counterproductive, working against us instead of supporting our well-being and happiness. What we tell ourselves about ourselves and our lives day after day has a tremendous effect on shaping our reality—for good or for bad.

Take the example of Wilma Rudolph, whose left leg became paralyzed when she was a young girl. Her doctors told her she would never walk again. Instead of replaying that negative message over and over in her head, Wilma decided to change it.

Not only did she want to walk again, she wanted to run. And she told herself that she would become one of the fastest runners in the world. She entered every race in high school and she always finished last—until one day, she came in next to last. Then she won a race. And another. And yet another. Less than five years later, Wilma Rudolph became the first American woman ever to win three gold medals in the same Olympics.

What we think about ourselves shapes our reality—for good as well as for bad

Wilma's story is a wonderful illustration of what a powerful influence our thoughts can be. Here are three things you can do this week to boost positive thought patterns:

1. *Eliminate negative thinking.* The latest scientific research shows that all our thoughts create chemicals in our body, called neuropeptides. Happy thoughts produce chemicals that actually strengthen the body, and negative thoughts produce chemicals that weaken the body. So clean up your thought vocabulary. Become aware of words that limit you and your idea of what you can do, such as "I can't" or "I never." Even words of obligation, such as "I must" and "I should," can weaken us, because they often make us feel guilty and inadequate.

Try to restructure your most common self-defeating thoughts. Instead of saying to yourself, "I never succeed at anything," say, "I am confident that I can make the best of whatever happens." Note that you are not simply making exaggerated and meaningless claims for yourself, such as saying "I always succeed at everything." You are refocusing your thoughts. Research has shown that symptoms of depression improve in people who learn to transform their most frequent negative thoughts into positive statements.

2. *Exercise your strengths.* Every morning, while you brush your teeth, think of three things from your original list of what you appreciate about yourself, such as, "I have a good sense of humor," "I like who I am," "I am trustworthy." This positive self-image will function as a kind of psychological context for your day.

3. *Express gratitude.* People with low self-esteem tend to focus only on their difficulties and failures—what they don't have. So every night, as you lie in bed, think of five things from the day that you can be grateful for. For someone who suffers from depression, this may be as simple as "I'm grateful I was able to get out of bed this morning." For others, it may be a kindness shown them, the fact that they are loved or can give love. The old saying puts it: "What we put our attention on tends to grow stronger in our lives."

WEEK TWO

Body: Increasing Your Physical Well-Being

It's hard to feel good about yourself when you're tired and cranky. Often these negative moods don't just happen; they have a physiological basis. These simple tips will go a long way toward increasing your physical well-being and therefore your self-esteem.

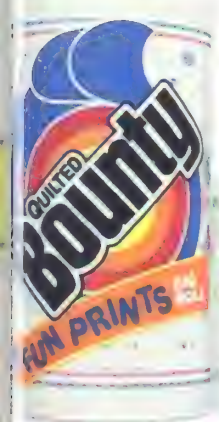


1. *Get your eight hours.* More than sixty million

(continued)

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Americans don't get enough sleep. Cutting down on your rest might seem like a great way to get more done, but actually it undermines all that you do. The most immediate effect of chronic sleep deficit is on mood—women who sleep too little experience more tension and anxiety and are less able to cope with challenges than women who get their eight hours nightly.

To enhance the sleep you get, go to bed by ten P.M. A recent British study found that people who went to bed earlier than usual were happier and more cheerful the next day, even if they hadn't increased their amount of sleep. Those who went to bed later than usual were more irritable, even if they'd slept the normal number of hours.

2. *Exercise, exercise, exercise.* We are all familiar with the health benefits of exercise, but did you know that it can boost your mood, increase your brain power, decrease your urge to smoke or snack, lessen feelings of anger, anxiety and depression and help you become more outgoing at parties?

Exercise fuels the brain with oxygen, releases mood-elevating chemicals like serotonin and endorphins and increases overall well-being. The key to developing an exercise routine: Settle on a form of exercise you like and that you can fit into your regular schedule. Be patient: Changes will happen, but not overnight.

3. *Drink more water.* The sugar- and caffeine-loaded beverages that most of us guzzle are not beneficial to the body. Instead, flush out the toxins and replenish your fluids with pure, good-quality drinking water. The standard recommendation is eight glasses a day.

WEEK THREE

Spirit: Turning Inward

With the constant demands of modern life, it can be hard to find time for ourselves. But it is essential that we take time to nourish the core of our being, whether we call it heart or spirit or soul. We often overlook this deepest self or try in vain to feed its hunger with material things. The following exercises will help you get in touch with and nourish this deep inner essence.

1. *Meditate or pray.* Once or twice a day, close your eyes and reconnect with God or your inner self, however you conceive it. Experiencing that center—even for a few moments—allows you to operate with more balance and express more joy in life. In fact, surveys show that people who say they're spiritual are twice as likely as other people to describe themselves as happy.

> High self-esteem is not at all the same as self-absorption or arrogance

2. *Enjoy quiet time.* Make some time for yourself each day to do whatever brings you delight—walking in nature, listening to music, relaxing quietly by candlelight.

3. *Listen to your inner voice.* We are quick to run to others, forgetting that the most valuable source of answers is within us. Trusting your inner voice will help you develop the self-reliance that often distinguishes people with high self-esteem. Each day this week reflect on an important issue that occupies your mind. It could be "What shall I do about my job?" or "How can I improve my relationship with my partner?" Sit for five minutes with a blank piece of paper and just write down whatever comes. You'll be amazed at how many answers there are inside you when you simply take the time to ask.



WEEK FOUR

Putting It All Together: Extending Yourself For Others

People sometimes mistake high self-esteem for self-absorption or arrogance. Nothing could be further from the truth. In fact, you can only truly appreciate others when you appreciate yourself.



1. *Express how much you value others.* One of the easiest ways to nourish yourself is to nourish someone else. It can be as simple as saying "I love you" to someone. Every day this week, give appreciation to someone in your life.

2. *Commit an act of kindness for someone in need.* If you're baking cookies, make an extra batch and drop it off at a nursing home. Volunteer a few hours for a cause you care about. Go out of your way to give a warm smile and a kind word to someone you sense is in need of encouragement. Studies have shown that the kind of feedback we get when we do something good for others energizes us and boosts our moods.

3. *Make a routine activity an act of love.* For example, this week when you drive your children to school, be conscious of the fact that you are doing it out of love. When you cook a meal for someone you care about, do it with conscious devotion and with gratitude for having this person as a part of your life.

You don't have to be Mother Teresa to make a difference. As she herself once said, "We cannot do great things, only small things with great love." •

Marci Shimoff and Jennifer Read Hawthorne are motivational speakers and the authors of "Chicken Soup for the Mother's Soul."

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When Young Love Hurts



More and more teen girls are being physically abused by their boyfriends. Is your daughter at risk? By Jeannie Ralston

Twelve girls sit in a circle in the high school in Marshalltown, Iowa. "My ex-boyfriend broke into my house this past week when I was alone and started smacking me around," says Carolyn*, seventeen, a junior with sandy blond hair. "He threw me across the room. I wish I could kill him."

"I don't trust anybody anymore," says Sue*, a fourteen-year-old freshman. "Two summers ago I was in an abusive relationship. Once, the guy threw me down on the couch, and I sprained my ankle. Another time, he gave me a black eye. When my dad found out, he said he'd kill me if I didn't break it off."

"I hit him back because I think then he'll know how it feels and he'll stop," says Mary*, seventeen. "It doesn't work; it only makes him hit harder."

"It was so hard to get away from him. I didn't know if I could find someone else," reports Jill*, a sixteen-year-old blond. "I was scared to be alone. He'd say no one else was going to want me."

Almost every week during the school year, Lynn Ford, a Marshalltown High School guidance counselor, joins with a representative from the local battered women's program to bring together a group of girls like these to talk about one of the most unmentionable subjects young women face: dating violence. They gently question the girls about their feelings, get them to talk about the abusive relationship and, most important, offer them options.

While the O.J. Simpson case four years ago heightened national awareness of domestic abuse, there is still little attention paid to the teens who are battered by their boyfriends. Many parents simply have no idea how common the problem is.

In a recent poll of a large Midwestern high school conducted by University of Michigan researcher Richard Tolman, Ph.D., 36 percent of high-school girls said they had been physically abused by a boyfriend. These relationships are often characterized by possessiveness, verbal threats, hitting, pushing and slapping—and can even escalate to murder.

The typical violent teen relationship "will start with very subtle things that at first may seem like a compliment to a girl," says Ronnie Weiss, director of resource development for the National Coalition Against Domestic Violence, in Denver. "The guy is jealous; he calls a lot and knows everything she's doing and who she's doing it with. He goes from, 'I really like you in that dress' to 'You look ugly if you're not wearing what I tell you to.'"

"By the time there is danger of real violence or death, the girls are so far into the relationship, it's hard for them to get out," adds Dotti Thompson, services coordinator for the local Marshalltown battered women's program and co-founder, with Lynn Ford, of the teen group at the high school. "Aside from being physically dangerous, dating violence can be so harmful emotionally because these girls are at an age when they're just developing self-esteem."

Girls under attack

In Marshalltown, a city of 27,000 people in central Iowa, as in many other towns, teen dating violence has become all too common. In a survey of teachers at the city's high school, 56 percent said they had witnessed physical or verbal abuse between *(continued on page 70)*



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w research keeps PREMARIN at the forefront. coveries in medical science continue to reveal ditional benefits of PREMARIN throughout nopause—and beyond. For example, in recent rs it was learned that PREMARIN increases your els of "good" cholesterol (HDLs) and decreases ur levels of "bad" cholesterol (LDLs). And more eing learned every day.

New research into estrogen loss and the effects of menopause. Wyeth-Ayerst, the maker of PREMARIN, has established the Women's Health Research Institute (WHRI). WHRI is dedicated to the discovery and development of medicines that help women live longer, healthier lives, and to ongoing research into the effects of estrogen loss and estrogen replacement therapy. A heritage of confidence... a commitment to your future. Good reasons why PREMARIN is an important part of your life...now more than ever.

There can be side effects with hormones. One side effect of estrogen replacement therapy is the possibility of developing cancer of the uterus. If you have had a hysterectomy, you don't have this risk. Adding the hormone progestin to your estrogen greatly reduces this risk.

When you discuss hormone replacement therapy with your doctor or health care provider, be sure to discuss your personal and family history of breast cancer, breast lumps, abnormal vaginal bleeding, abnormal blood clotting, or heart disease. Women who are pregnant should not take hormone replacement therapy because of possible risk to the fetus.

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USES OF ESTROGEN

[illegible] very uncomfortable symptoms such as feelings of [illegible] intense episodes of heat and sweating ("hot flashes"). The [illegible] may prevent bones from breaking. Eating foods that are high in calcium (such as milk products) or taking calcium supplements (1,000 to 1,500 milligrams per day) and certain types of exercise may also help prevent osteoporosis.

[illegible] candidates for estrogen replacement therapy to prevent osteoporosis.

WHEN ESTROGENS SHOULD NOT BE USED

Estrogens should not be used:

During pregnancy. Although the possibility is fairly small, there is a greater risk of having a child born with a birth defect if you take estrogens during pregnancy. A male child may have an increased risk of developing abnormalities of the urinary system and sex organs. A female child may have an increased risk of developing cancer of the vagina or cervix in her teens or twenties. Estrogen is not effective in preventing miscarriage (abortion).

If you are breast feeding. Many drugs are excreted in human milk and can be passed on to your baby. Therefore, estrogen therapy should be used only when your doctor decides it is clearly necessary.

If given in your physician and pharmacist recommended doses. Patients with a tendency for abnormal blood clotting should avoid estrogen use. This includes patients who currently have clots in the leg (thrombophlebitis), or any other part of the body (thromboembolic disorder). (See below.)

If you have had undiagnosed vaginal bleeding. If you have ever had abnormal bleeding from the vagina, estrogens should not be used unless you have talked to your physician about this problem.

If you have had cancer. Since estrogens increase the risk of certain cancers, you should not take estrogens if you have ever had cancer of the breast or uterus. In certain situations, your doctor may choose to use estrogen in the treatment of breast cancer.

When they are ineffective. Sometimes women experience nervous symptoms or depression during menopause. There is no evidence that estrogens are effective for such symptoms. You may have heard that taking estrogens for long periods (years) after menopause will keep your skin soft and supple and keep you feeling young. There is no evidence that this is so and such long-term treatment may carry serious risks.

DANGERS OF ESTROGENS

Cancer of the uterus. The risk of cancer of the uterus increases the longer estrogens are used and when larger doses are taken. One study showed that when estrogens are discontinued, this increased risk of cancer seems to fall off quickly. In another study, the persistence of risk was demonstrated for 10 years after stopping estrogen treatment. Because of this risk, *it is important to take the lowest effective dose of estrogen and to take it only as long as you need it.* There is a higher risk of cancer of the uterus if you are overweight, diabetic, or have high blood pressure.

If you have had your uterus removed (total hysterectomy), there is no danger of developing cancer of the uterus. If you have your uterus, please refer to the section titled **"OTHER INFORMATION."**

Cancer of the breast. The majority of studies have shown no association with the usual doses used for estrogen replacement therapy and breast cancer. Some studies have suggested a possible increased incidence of breast cancer in those women taking estrogens for prolonged periods of time and especially at higher doses that are used.

Regular breast examinations by a health professional and self-examination are recommended for women receiving estrogen therapy, as they are for all women.

Gallbladder disease. Women who use estrogens after menopause are more likely to develop gallbladder disease needing surgery than women who do not use estrogens.

Abnormal blood clotting. Taking estrogens may increase the risk of blood clots. These clots can cause a stroke, heart attack or pulmonary embolus, any of which may be fatal.

Heart disease. Large doses of estrogen in men have been shown to increase the risk of certain heart diseases. This may not necessarily be true in women. In order to avoid the theoretical risk of high doses, the dose of estrogen you take should not exceed the dose recommended by your doctor.

Excess calcium in the blood. Taking estrogens may lead to severe hypercalcemia in women with breast and/or bone cancer.

SIDE EFFECTS

In addition to the risks listed above, the following side effects have been reported with estrogen use:

- Nausea, vomiting, pain, cramps, swelling, or tenderness in the abdomen
- Yellowing of the skin and/or whites of the eyes
- Breast tenderness or enlargement
- Enlargement of benign tumors of the uterus
- Breakthrough bleeding or spotting
- Change in amount of cervical secretion
- Vaginal yeast infections
- Retention of excess fluid. This may make some conditions worsen, such as asthma, epilepsy, migraine, heart disease, or kidney disease
- A spotty darkening of the skin, particularly on the face, reddening of the skin, skin rashes
- Worsening of porphyria
- Headache, migraines, dizziness, faintness, or changes in vision (including intolerance to contact lenses).
- Mental depression
- Involuntary muscle spasms
- Hair loss or abnormal hairiness
- Increase or decrease in weight
- Changes in sex drive
- Possible changes in blood sugar

REDUCING RISK OF ESTROGEN USE

If you decide to take estrogens, you can reduce your risks by carefully monitoring your treatment.

See your doctor regularly. While you are taking estrogens, it is important that you visit your doctor at least once a year for a physical examination. Special attention should be given to blood pressure, breasts, abdomen, and pelvic organs. A Pap smear should be taken and tested at this visit. If members of your family have had breast cancer or if you have ever had breast nodules or an abnormal mammogram (breast x-ray), you may need to have more frequent breast examinations. Also be sure to let your doctor know if you have ever had liver or kidney disease, as this may affect the decision to use estrogen.

Reevaluate your need for estrogens. You and your doctor should reevaluate your need for estrogens at least every six months.

Be alert for signs of trouble. Report these or any other unusual side effects to your doctor immediately:

- Abnormal bleeding from the vagina
- Pains in the calves or chest, a sudden shortness of breath or coughing blood (indicating possible clots in the legs, heart, or lungs)
- Severe headache, dizziness, faintness, or changes in vision, indicating possible clots in the brain or eye
- Breast lumps
- Yellowing of the skin and/or whites of the eyes
- Pain, swelling, or tenderness in the abdomen

OTHER INFORMATION

Some physicians may choose to prescribe another hormonal drug to be used in association with estrogen treatment for women with a uterus. These drugs, progestins, have been reported to lower the frequency of occurrence of a possible precancerous condition of the uterine lining. Whether this will provide protection from uterine cancer has not been clearly established. There are possible additional risks that may be associated with the inclusion of a progestin in estrogen treatment. The possible risks include unfavorable effects on blood fats and sugars. The choice of progestin and its dosage may be important in minimizing these effects.

Your doctor has prescribed this drug for you and you alone. Do not give the drug to anyone else.

If you will be taking calcium supplements as part of the treatment to help prevent osteoporosis, check with your doctor about the amounts recommended.

Keep this and all drugs out of the reach of children. In case of overdose, call your doctor, hospital, or poison control center immediately.

This Summary provides the most important information about estrogens. If you want to read more, ask your doctor or pharmacist to let you read the professional labeling.

This Brief Summary for Direct-to-Consumer Advertising is based on the most current Premarin Tablets Direction Circular, CI 3908-9, Revised May 21, 1997.

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WHEN YOUNG LOVE HURTS

students who are dating; almost half reported one to five such incidents per week. A similar poll of students showed that 54 percent of girls and 35 percent of boys saw dating violence as a problem at Marshalltown High.

"Every year we had kids come to us [about it]," says Jerry Stephens, principal of Marshalltown High School. "We felt we could do something to help kids develop the skills to cope with it. Our hope is to get them to see what healthy relationships are like."

The group offers teens an antidote to one of the most difficult aspects of dating violence—peer pressure. Economic concerns often keep married women with their abusers; for teenage girls, the opinions of their peers act as the glue. The group agrees that the pressure to have a boyfriend is unimaginably powerful. A dark-haired girl named Andrea* reports that there is no substitute for a boy's approval. "When your friends give you a compliment it doesn't mean as much," she says. "If a boy says you look good, it boosts you right up; it's a ray of light."

Experts in domestic violence have observed how destructive this can be. "Many girls have talked about how much worse it would be to not have a boyfriend than to be with an abusive boyfriend," says Barrie Levy, M.S.W., L.C.S.W., a therapist and co-author of *What Parents Need to Know About Dating Violence* (Seal Press, 1995). The danger can be even worse if the abuser is popular. "If she has a cool boyfriend, the relationship will be more important to her self-esteem," says Dotti Thompson. "If everyone thinks he's so great they won't believe he hits her."

cycle of abuse

nage boys who abuse their girl-
ds often have witnessed violence
heir own homes. "I think my
riend saw his dad beat his mom,
he thought it was okay," says
lyn. Boys may also try to battle
own feelings of insecurity with
r, possessiveness and attempts to
rol a girlfriend.

t's easy to say, 'Oh, they're
ig; it couldn't be very serious.'
we know that it can be as dan-
us as violence between adults,"
Ronnie Weiss. The teenage
er follows the same patterns as
dult counterpart: He's typically
t and caring until the girl gets
ed; then little by little, he tries
olate and control her. When he
es out—verbally or physically—
nvariably expresses deep re-
se afterward and promises never
o it again.

he girls in the support group are
ming wise to this destructive cy-
"Yeah, they treat you like a
n when they want to," says Car-
. "But then they turn on you.
y make you feel it's your fault
got mad, and you end up saying
e sorry."

he group is also trying to de-
the you're-nothing-without-a-
riend imperative of female
escence. When asked if they
d be happy if they didn't have a
, half raise their hands. Jill, who
e up with her boyfriend after he
hed her in the mouth, says she
eling strong right now but fears
esolve won't last. "I'm afraid I'll
to a boy for the wrong reasons,
use I'm lonely or because every-
else has a boyfriend."

espite her doubts, Jill knows she
e of the lucky girls in the group.
only did she end the abusive re-
nship, she is one of the few
se parents handled the situation
Her father, she says, was very
ortive when she went to him for
"He didn't get mad at me, and
eally listened to what I needed,"
xplains.

any of the other girls said they
ld never even consider telling their parents the truth. Several admitted they would be too scared of the consequences; sadly, a few teens didn't think their parents would even care. "My mom and dad are never home; they don't think about what's going on in my life," says Carolyn. Adds Rebecca*, a tall, freckled junior, "My mom's got her own boyfriend troubles."

Others in the group said that when they did tell the truth, their parents insisted they end the relationship. Though this may seem like a sensible demand, experts say that, in fact, it's often the worst thing a parent can do. "The boyfriend has already put seeds of doubt in the girl. He says that her parents don't care, that he's the only one who loves her," says Lynn Ford. "So if you put your foot down, it just confirms the doubt she feels."

Not only that, "if parents completely take over, what are they teaching their daughter?" asks Ford. "You want her to feel she has some control over her own life." *(continued)*

Is Your Daughter At Risk?

Teen girls often go to great lengths to hide an abusive relationship from their parents. But experts say there are clear warning signs.

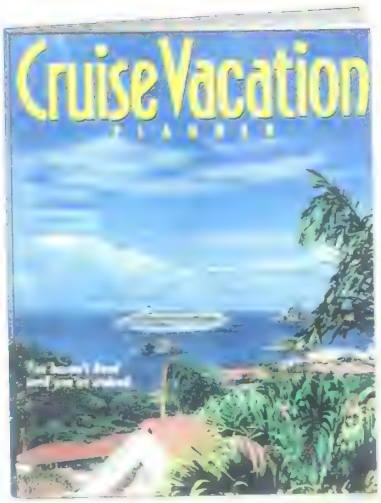
Changes in her personality. **A formerly outgoing girl may suddenly shun her friends and become reclusive. "She may drop activities and seem to be afraid of her boyfriend's jealousy," says Barrie Levy.**

A difference in her appearance. **A girl who is being abused often begins to dress dramatically different from the way she did before.**

She is hostile to you, but constantly checks in with her boyfriend. **"Your daughter seems more secretive, or she seems to feel pressure to call this person and report on what she's doing," says Ronnie Weiss.**

She has bruises she can't explain. **A fall on the stairs at school might be believable once, but not if it happens several times.** **—J.R.**

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One girl who finally took charge of her situation is seventeen-year-old Cheryl*. For eight months she dated a boy who was two years older. He was seductively attentive at first, then progressively more jealous and controlling. "He told me my friends were whores and I shouldn't hang out with them," Cheryl says. "I pushed them away. I didn't even realize I was doing it."

Though she was normally a straight-A student, her grades began to drop because he wanted her to spend all her time with him. "I was so hooked. I felt such a great need for someone to love me," says Cheryl, who admits that her parents' divorce when she was five contributed to her insecurity. "He loved me to the point of obsession."

For a long time, she says, there was only emotional abuse. Then, her boyfriend became more physical. Cheryl tried to break up with him several times, but would always take him back when he'd start crying. "I felt he must really love me if he would cry over me," she says.

Cheryl told her father about the turbulent relationship with her boyfriend. Naturally, he was concerned, but believed the best thing he could do was listen and back her up. "I felt I had to support her no matter what decision she made—unless she might be physically harmed," he says.

That day soon came. One morning before school, Cheryl finally got fed up and told her boyfriend they were through for good. "He took this big knife and sliced his fingers," she remembers. "I said, 'Just because you slice your fingers doesn't mean you love me.' I realized he was just there to make me feel sorry for him."

But when she came home from school that day, she saw the words *I love Cheryl* written in blood across the garage door. "I freaked out," she says. She called her father.

"It was very scary," Cheryl's father recalls. "It was the first time I imagined that he could kill her."

He took Cheryl to the police station and helped her get a restraining order against her boyfriend. Eventually, the boy moved away. But it took more than a year before Cheryl felt ready to date again. "Now, I lay down the rules right from the beginning," she says. "I tell them respect is the biggest thing."

What parents can do

As Cheryl's father realized, parents must walk a fine line when dealing with a daughter who is in a violent relationship. They must be supportive without scolding her or telling her what to do, which will often just make matters worse. But exactly how does one do this? Here, expert advice on keeping your daughter safe:

> "Many girls talk about how much worse it would be to not have a boyfriend than to be with an abusive boyfriend," says one expert

- *Have frequent heart-to-heart discussions.* "Talk about building her self-esteem so that she feels she doesn't deserve to be treated poorly and knows what a healthy relationship looks like," says Weiss.
- *Don't engage in a power struggle.* "Avoid ultimatums like, 'Either you break up or you move out,'" says Barrie Levy. "Instead, acknowledge her feelings. Say, 'I know you love this guy, but he hurts you. Let's talk about what you can do to be safe.' It's important that you encourage her to be as strong as she can be."
- *Don't focus on breaking up the relationship.* If you push your opinions, she may not listen to you at all. "Concentrate on how she's going to stay safe today and tomorrow, and on how she's going to handle it if he's abusive again," says Levy. "That could mean giving your daughter a cellular phone, or a number she could call in an emergency. Let her know that you're always available if she needs you."
- *Tell as many people as possible about the abuse.* Your daughter might not like it, but it's important to let neighbors, school counselors and your clergymen know about the problem. That way, more people will be watching out for your daughter, and she'll have several places to turn if she's in trouble.
- *Talk to the abuser's family.* This will probably be uncomfortable, and they may not want to listen. On the other hand, you may come across parents who are trying to correct their son's problems.
- *Find a counselor.* You can get referrals from the local women's shelter. If your daughter is reluctant to go, give her the name and number of the counselor so she'll have it if and when she's ready.
- *Call the police.* Help your daughter get a criminal restraining order, which means the boy can be arrested if he doesn't stay away from her. If such restraining orders are not available to juveniles in your state, get a civil restraining order, so that you can take the boy to court if he violates the terms. At the very least, you will be sending a message to him that there will be consequences if he continues to bother your daughter. You will also have a legal record of your efforts to stop abuse. ●

Jeannie Ralston has written for many publications including Texas Monthly, Smithsonian and Parenting.



Harpist Angel™ Barbie

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They say that angels are the incarnation of love. And who could help but fall in love with Harpist Angel™ Barbie,® the premiere doll in the breathtaking Angels of Music Collection.

Her delicate gown of soft periwinkle chiffon is accented with a butterscotch satin underlay, then overlaid with filmy lace, woven with golden highlights. A wreath of pastel flowers and ribbons crowns her strawberry blonde hair while soft, feathered wings and a golden harp add the finishing touches to her ethereal beauty.

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CHRIS MADDEN'S SOLUTIONS

Q During the summer months, the glare from the sunlight coming into my home is just too blinding. Can you suggest a solution that doesn't entail shrouding my house in darkness?

A Use matchstick roller blinds on your windows. The thin wood strips are woven loosely enough to allow light to peep through, but they do a very good job of blocking harsh glare. They're also very affordable and a snap to install.

LEAVE PLANTS HOME ALONE

Planning a vacation but don't have a plant-sitter? Let your worries wilt away. "With planning, houseplants can fend for themselves for a week to ten days," says Pat Regel, author of *The Houseplant Survival Guide* (Taunton Press, 1997). "Your biggest concern is water needs." Before you leave:

1. Water every plant thoroughly.
2. Move plants away from windows, where sun causes them to consume water faster. Even those species that require bright light can tolerate less for a week.
3. Provide watering reservoirs. For small plants, use self-watering pots found at your local garden center. For medium and large plants, line your bathtub with old towels, then place pots on top of bricks inside the tub, leaving as many drainage holes exposed as possible. Fill tub with water to just above the level of the bricks.

—Arricca Elin SanSone



HOME FACT

According to a recent study by Dixie products, people on average spend just 15 minutes preparing a typical meal, and up to 30 minutes cleaning it up.

BEFORE & AFTER: COUNTER INTELLIGENCE

A man plus a woman plus one tiny bathroom can equal one giant mess. But you can simultaneously control clutter and give your bath a decorator's touch with stylish accessories such as pretty ceramic soap dishes and by using wicker baskets and compartmentalized containers to house tissue boxes, cotton swabs and the like. Getting organized can sure be a beautiful thing.






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MY FATHER'S GIFT

Dearest of all are the presents you hold in your heart

By Michele Morris



Long winters and loneliness aren't good for any man, especially a seventy-five-year-old who has lost his wife. That's why several times a week I call my father in Montana and pepper him with questions: How's the weather? What's for dinner? When are you coming to Tucson? The answers seldom vary: cold, beef, soon.

Weeks go by until one day in February he calls to say that he has booked a flight. "No need to pick me up," he says. "I'll take a cab."

I don't argue. He likes being in charge. Whether I am suffering from a broken heart or a broken leg, I know that I can count on him for a strong cup of coffee and a strong piece of advice. I don't always want either one of them, but I swallow them anyway.

The day of his arrival, I head for the airport. By the time I arrive, the other passengers are walking into waiting arms. At any moment I expect to see Dad charging out of the gate just as I remember him charging his horse straight up Bull Mountain, hat pulled down low, reins held tight. The crowd thins to a trickle and then stops. I worry that he missed his connection, changed his mind, when I see him wander out of the tunnel.

"Dad," I call, waving above the crowd. He blinks in the sunlight. "Dad," I call again, making my way toward him. I stand in front of him, touch his arm and say, "Dad, it's me."

He puts his arm around me as if I'm a life preserver on a rough sea. "Oh, honey, I'm so happy you came."

"Of course I came," I answer, hugging him back, my arm registering the change in his appearance before my eyes have a chance to.

He's leaner than he was last summer. His red rag-wool sweater, too heavy for the desert heat, pads his narrow frame. Instead of a cowboy hat and boots, he's wearing an Irish tweed cap and black running shoes.

We drive north toward the foothills, straight for the Catalinas. The desert is foreign to him, but when we get close to the mountains, he relaxes as if he knows we're almost home. As we turn into my driveway, where gaudy bougainvillea cascades over a stucco wall, he shakes his head. "Your mother would have loved this place," he says.

When my husband comes home, he grills steaks. Afterward we sit outside and Dad smokes a cigar. The talk is general; this time no one mentions my mother. Dad insists on doing the dishes, stacking them helter-skelter in the dishwasher. I resist the urge to rearrange them.

The next morning, when I'm making coffee, I hear him whistling in the bathroom.

"Any horse races today?" he asks, coming down the stairs. "Let's go look at horses."

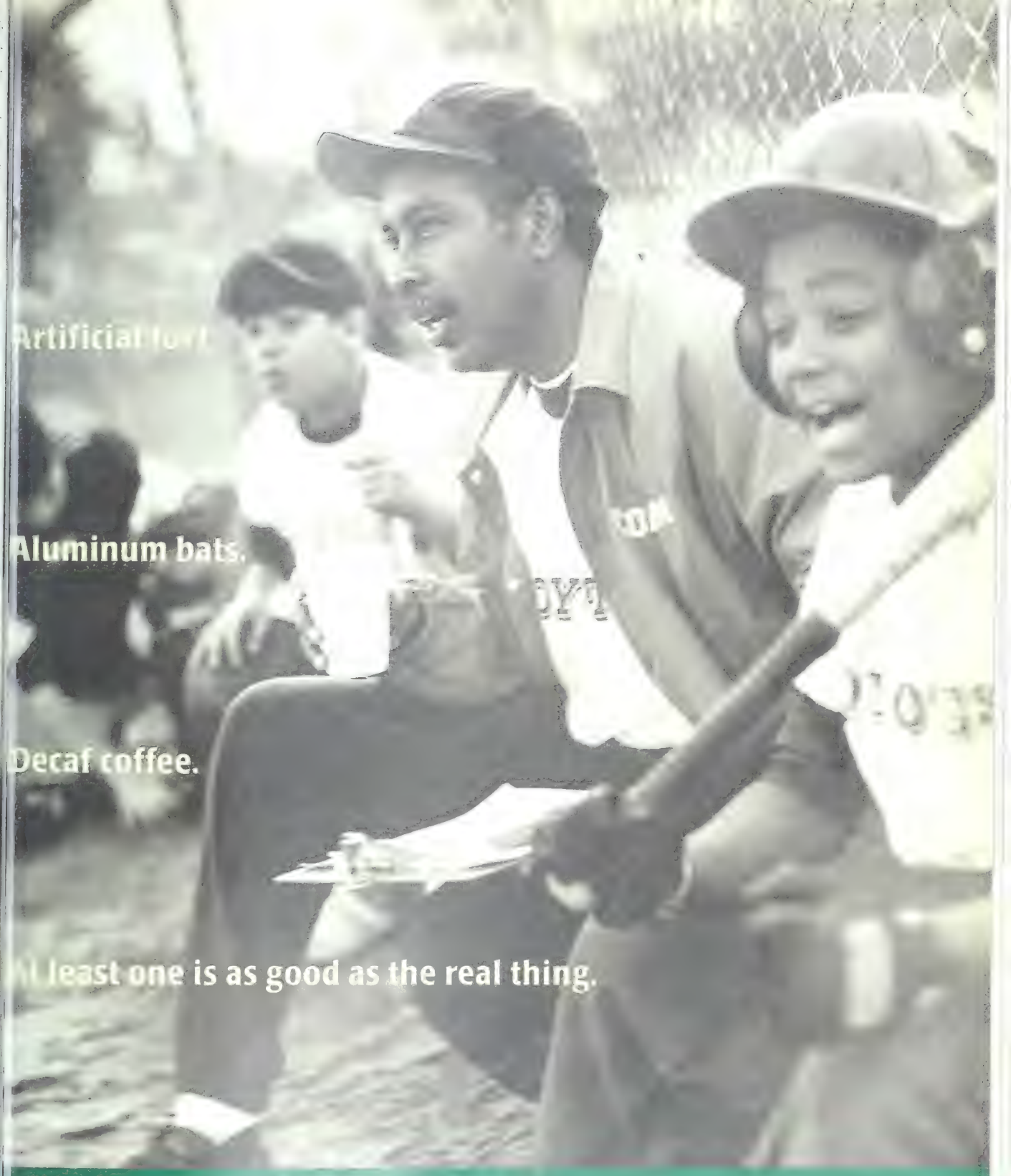
After checking the paper, we drive through South Tucson toward the fairgrounds. When he sees a sign for a pawnshop, he orders me to pull over. There are steel bars over the doors and windows, like a small-town jail. He pushes open the door and we walk inside. The back wall is lined with rifles, more rifles than I've ever seen. Simply being inside this secondhand arsenal makes me feel nervous.

"Dad," I whisper. "Let's go."

"Slow down," he says, draping his arm around my shoulder.

A man wearing a vest, possibly bulletproof, walks over to us. The scents of cigarettes and gunpowder hang in the cold air. "Let me see your diamond rings," Dad says.

I stop short and echo, "Diamond rings?" Does Dad have a girlfriend? I ask myself. I can't *(continued)*



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remember him mentioning any names.

"For my daughter," he adds, gesturing at me.

"For me?"

"Come on," he urges. "I want to buy you a diamond ring." He casually leans one elbow on the counter as if he is used to shopping for jewels.

In an instant a black velvet tray of rings rests on the counter in front of me. "I don't want a ring," I tell him.

Ignoring my response, he points to one. "That's pretty," he says.

I look at the glittering rows of rings, symbols of weddings gone sour, marriages gone bad, promises broken. Some are the size of bullets, some the shape of tears. I finally slip a ring on my finger and hold up my hand. It's a gesture I learned from my mother. Every now and then she held up her hand to admire her diamond solitaire in its Tiffany setting. "Let me try it on," I would say, knowing what the answer would be. I never saw her take it off.

When she was dying, she asked each of her five children to make a list, tell her which of her belongings we wanted. I usually did what she asked, but this time I didn't follow through. I didn't want her Limoges china or string of pearls. I wanted my mother.

"Pick whatever one you want," my father offers.

The ring winks on my finger, another woman's ring. "You don't need to buy me a diamond ring," I tell him.

"I want to," he says.

"Let's go eat and think about it," I whisper. "We'll be back," I call over my shoulder to the man in the vest.

Later, as we spoon tortilla soup and listen to Mexican love songs on the jukebox, Dad clears his throat. Then he confesses, "I gave your mother's ring to Sheila."

Suddenly our shopping trip makes sense. Sheila is my younger sister, my only sister. Before our mother died, Sheila told me that she wanted Mom's ring, that to her it represented maternal love. She cried when she said that.

Just as she never lost hope, my mother never got around to dividing up her things. While my lawyer brothers worried how to disperse her estate, my Aunt Bern suggested that I should inherit her ring. "You're the oldest daughter," she reminded me. "You should insist."

That planted a seed, made me greedy for a while. But over time, I saw the irony. Bern, my mother's youngest sister, complained often and loudly that her mother favored the older girls. Each time I imagined Mom's ring on my finger, I couldn't get the picture of my little sister out of my mind: the middle of five children, growing up wearing my hand-me-downs, inheriting my old teachers who called her by my name.

To my younger sister, Sheila, Mom's ring represented love

"I hope you're not upset," Dad says.

"It's okay," I answer. I just wish that Sheila herself had told me.

Two daughters. One ring. Two possibilities. One of us could have it and the other couldn't. Or neither one of us could have it. The ring could be sold and the money divided. Remembering the rings at the pawnshop, sparkling beneath the guns, I close my eyes tightly so no tears leak out. Specks of sunlight filter in, sparkle like tiny diamonds. I say good-bye to my mother, happy that her ring is on my sister's finger and not in a black velvet tray.

I think about the gifts passed down from mother to daughter, gifts that don't have to be divided. The way she pinched the crust on an apple pie. Where to look for wild asparagus. The way to hold a watercolor brush. Firstborn, I made her a mother. She fine-tuned her mothering on me. Sheila, her middle child, she held right in the middle of her heart. I suddenly realize that she didn't want to choose. That she loved each of us, all of us. Dad did the choosing, gave my sister what she wanted, her symbol of a mother's love. Now he wants to give me a ring so that I know I, too, am loved.

As we walk to the car, kicking up dust in the unpaved parking lot, I keep my eyes on the ground. "You're not wearing your boots," I point out. Back home in Montana, my father rides horses almost every day. "They hurt my feet," he admits.

Suddenly I have an idea. I drive a few blocks south to Stewart Boots, a tiny shop in an adobe house with cowboy boots as soft as caramel. After looking around at the leather uppers stacked like loaves of bread in bins around the room, Dad peels off his shoe like a boy and wriggles into a tall cowboy boot with a pointed toe. "It's too tight," he says.

Victor, the owner, caresses Dad's instep and recommends a wider size. Within minutes my father is standing tall in a pair of boots the color of walnut bark, made by the wise hands of old men, men who learned their trade from their fathers.

"Why don't you get a pair?" Dad suggests. I already have an old pair of Stewarts on the floor of my closet, but this time I don't refuse his offer. Now we stand together in front of the mirror, one of us old and the other no longer young. I think of the ties that bind us: our sense of family, our sense of place, our sense of fairness. The old man next to me stands tall, walks softly and says nothing, even when his heart is full of feeling.

"I want you to have them," he says with a grin. I smile back at him, thinking of the gifts that he's given me that I can't hold in my hand, can't wear on my finger, but hold in my heart. When he is gone, as I know he one day will be, I will have my boots, a symbol of a father's love, and the memory of a day he set out to make things right. ●

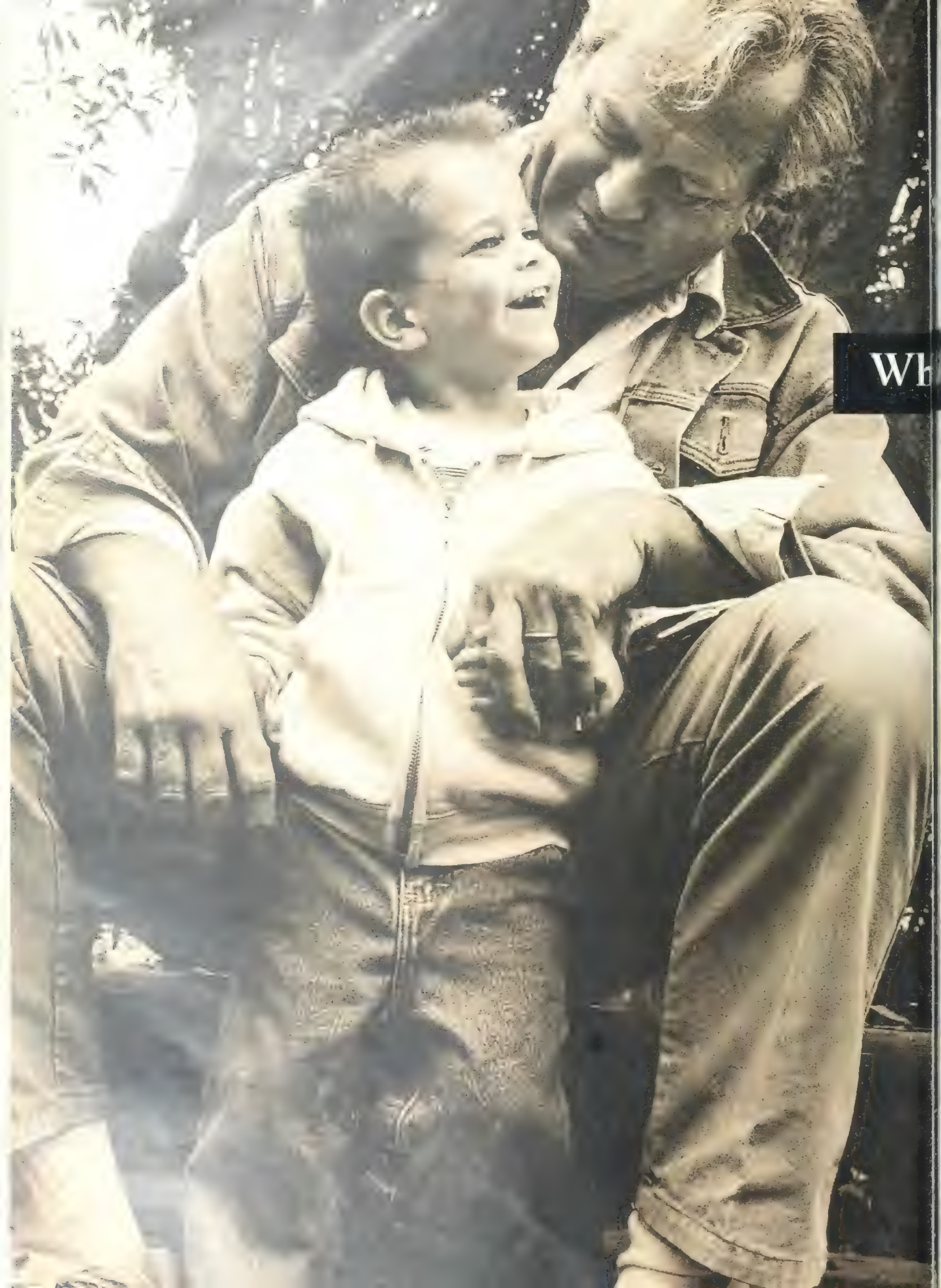
Michele Morris is the author of "The Cowboy Life" (Fireside, 1993).

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Wh

Last winter, Mike Vaughn had a heart attack. In addition to diet and exercise, his doctor prescribed ZOCOR, the one cholesterol medicine proven to help save the lives of people with high cholesterol and heart disease. Good thing. Because he has some important plans with Alex.

ike Vaughn did with his future.

Your future is too valuable a thing to risk with **high cholesterol**. High cholesterol can lead to heart disease and even death. When used with diet and exercise, ZOCOR is the one medicine that's actually been proven to help save the lives of people with high cholesterol and heart disease. **More than 3.1 million people have taken ZOCOR, the most often prescribed cholesterol medicine in the U.S.***

A landmark five-year study among heart disease patients with high cholesterol demonstrated dramatic results for ZOCOR: fewer cardiac procedures, fewer heart attacks, and 42% fewer deaths from heart disease.

ZOCOR is a prescription drug, so you should ask your doctor or healthcare professional if ZOCOR is right for you. Some people should not take ZOCOR: people with active liver disease or possible liver problems; women who are pregnant, likely to become pregnant, or are nursing; or people who are allergic to any of its ingredients.

Your doctor may perform blood tests to check your liver function before and during treatment with ZOCOR. Be sure to tell your doctor if you experience any unexplained muscle pain or weakness while taking ZOCOR, since this could be a sign of serious side effects, and be sure to mention any medication you are taking to avoid possible serious drug interactions.

To get your free copy of "Surviving High Cholesterol," call 1-800-699-LIFE. Visit our Web site at http://www.zocor.com

ZOCOR

Ask your doctor about ZOCOR– the one cholesterol medicine proven to help save lives among people with high cholesterol and heart disease.

- Does my cholesterol level put me at risk?
- Should I consider adding ZOCOR to my diet and exercise plan?
- Could ZOCOR reduce my chances of having a heart attack?
- What are the side effects of ZOCOR?
- What type of results can I expect from ZOCOR?

MERCK

Please read the next page for a summary of Prescribing Information and discuss it with your doctor.

ZOCOR is indicated as an addition to diet for patients with high cholesterol when diet and exercise are inadequate. (Results vary patient to patient.)

It's your future. BE THERE.

ZOCOR. The cholesterol medicine that helps save lives.

*Source: IMS America, December 1995–July 1997

ZOCOR
(SIMVASTATIN)

PLEASE READ THIS SUMMARY CAREFULLY. AND THEN ASK YOUR DOCTOR ABOUT ZOCOR. NO ADVERTISEMENT CAN PROVIDE ALL THE INFORMATION NEEDED TO PRESCRIBE A DRUG. THIS ADVERTISEMENT DOES NOT TAKE THE PLACE OF CAREFUL DISCUSSIONS WITH YOUR DOCTOR. ONLY YOUR DOCTOR HAS THE TRAINING TO WEIGH THE RISKS AND BENEFITS OF A PRESCRIPTION DRUG FOR YOU.

USES OF ZOCOR

[illegible] cholesterol when diet and exercise are inadequate. For patients with coronary heart disease (CHD) and high cholesterol, ZOCOR is indicated as an addition to diet to reduce the risk of death by reducing coronary death; to reduce the risk of heart attack; and to reduce the risk for undergoing cardiac procedures (coronary artery bypass grafting and percutaneous transluminal coronary angioplasty).

WHEN ZOCOR SHOULD NOT BE USED

Some people should not take ZOCOR. Discuss this with your doctor.

ZOCOR should not be used by patients who are allergic to any of its ingredients. In addition to the active ingredient is mvastatin, each tablet contains the following inactive ingredients: cellulose, lactose, magnesium stearate, iron oxides, talc, titanium dioxide, and starch. Butylated hydroxyanisole is added as a preservative.

Patients with liver problems: ZOCOR should not be used by patients with active liver disease or repeated blood test results indicating possible liver problems. (See WARNINGS.)

Women who are or may become pregnant: Pregnant women should not take ZOCOR because it may harm the fetus. **Women of childbearing age should not take ZOCOR unless it is highly unlikely that they will become pregnant.** If a woman does become pregnant while on ZOCOR, she should stop taking the drug and talk to her doctor at once.

Women who are breast-feeding should not take ZOCOR.

Patients who are also taking the prescription drug Posicor (mibefradil) should not take ZOCOR.

WARNINGS

Liver: About 1% of patients who took ZOCOR in clinical trials developed elevated levels of some liver enzymes. Patients who had these increases usually had no symptoms. Elevated liver enzymes usually returned to normal levels when therapy with ZOCOR was stopped.

In the ZOCOR Survival Study, the number of patients with more than one liver enzyme level elevation to greater than 3 times the normal upper limit was no different between the ZOCOR and placebo groups. Only 8 patients on ZOCOR and 5 on placebo discontinued therapy due to elevated liver enzyme levels. Patients were started on 20 mg of ZOCOR, and one third had their dose raised to 40 mg.

Your doctor should perform routine blood tests to check these enzymes before you start treatment with ZOCOR and periodically thereafter (for example, semiannually) for your first year of treatment or until one year after your last elevation in dose. If your enzyme levels [illegible] would order more frequent tests. If your liver enzyme levels remain unusually high, [illegible]

Tell your doctor about any liver disease you may have had in the past and about how much alcohol you consume. ZOCOR should be used with caution in patients who consume large amounts of alcohol.

Muscle: Tell your doctor right away if you experience any muscle pain, tenderness, or weakness at any time during treatment with ZOCOR, particularly if you have a fever or if you are generally not feeling well, so your doctor can decide if ZOCOR should be stopped. Some patients may have muscle pain or weakness while taking ZOCOR. Rarely, this can include muscle breakdown resulting in kidney damage. The risk of muscle breakdown is greater in patients taking certain other drugs along with ZOCOR, such as the lipid-lowering drug Lopid (gemfibrozil), a fibrate; lipid-lowering doses of nicotinic acid (niacin); the antibiotics erythromycin and clarithromycin; nefazodone; antifungal drugs that are azole derivatives, such as itraconazole and ketoconazole; the calcium channel blocker Posicor; or drugs that suppress the immune system (called immunosuppressive drugs, such as Sandimmune [cyclosporine]). Therapy with ZOCOR should be temporarily interrupted if you are going to take an azole derivative antifungal medication, such as itraconazole. Patients using ZOCOR along with any of these other drugs should be carefully monitored by their physician. The risk of muscle breakdown is greater in patients with kidney problems or diabetes.

If you have conditions that can increase your risk of muscle breakdown, which in turn can cause kidney damage, your doctor should temporarily withhold or stop ZOCOR. Such conditions include severe infection, low blood pressure, major surgery, trauma, severe metabolic, endocrine and electrolyte disorders, and uncontrolled seizures. Also, since there are no known adverse consequences of briefly stopping therapy with ZOCOR, treatment should be stopped a few days before elective major surgery. Discuss this with your doctor, who can explain these conditions to you.

Because there are risks in combining therapy with ZOCOR with lipid-lowering doses of nicotinic acid (niacin) or with drugs that suppress the immune system, your doctor should carefully weigh the potential benefits and risks. He or she should also carefully monitor patients for any muscle pain, tenderness, or weakness, particularly during the initial months of therapy and if the dose of either drug is increased. Your doctor may also monitor the level of certain muscle enzymes in your body, but there is no assurance that such monitoring will prevent the occurrence of severe muscle disease.

PRECAUTIONS

Before starting treatment with ZOCOR, try to lower your cholesterol by other methods such as diet, exercise, and weight loss. Ask your doctor for about how best to do this. Any other medical problems that can cause high cholesterol should also be treated.

ZOCOR® (simvastatin) is less effective in patients with the rare disorder known as homozygous f[illegible] hypercholesterolemia.

Drug Interactions: Because of possible serious drug interactions, it is important to tell your [illegible] what other drugs you are taking, including those obtained without a prescription.

ZOCOR can interact with Posicor, Lopid, niacin, erythromycin, clarithromycin, nefazodone, [illegible] antifungal drugs, and drugs that suppress the immune system (called immunosuppressive drugs[illegible] as Sandimmune). (See WARNINGS, Muscle.)

Some patients taking lipid-lowering agents similar to ZOCOR and coumarin anticoagulants (a t[illegible] blood thinner) have experienced bleeding and/or increased blood clotting time. Patients taking[illegible] medicines should have their blood tested before starting therapy with ZOCOR and should conti[illegible] be monitored.

Endocrine (Hormone) Function: ZOCOR and other drugs in this class may affect the product[illegible] certain hormones. Caution should be exercised if a drug used to lower cholesterol levels is admini[illegible] to patients also receiving other drugs (e.g., ketoconazole, spironolactone, cimetidine) that may dec[illegible] the levels or activity of hormones. If you are taking any such drugs, tell your doctor.

Central Nervous System Toxicity; Cancer, Mutations, Impairment of Fertility: Like[illegible] prescription drugs, ZOCOR was required to be tested on animals before it was marketed for huma[illegible] Often these tests were designed to achieve higher drug concentrations than humans achieve at re[illegible] mended dosing. In some tests, the animals had damage to the nerves in the central nervous sy[illegible] In studies of mice with high doses of ZOCOR, the likelihood of certain types of cancerous tu[illegible] increased. No evidence of mutations of or damage to genetic material has been seen. In one stud[illegible] ZOCOR, there was decreased fertility in male rats.

Pregnancy: Pregnant women should not take ZOCOR because it may harm the fetus.

Safety in pregnancy has not been established. In studies with lipid-lowering agents similar to ZO[illegible] there have been rare reports of birth defects of the skeleton and digestive system. Therefore, wom[illegible] childbearing age should not take ZOCOR unless it is highly unlikely they will become pregnan[illegible] woman does become pregnant while taking ZOCOR, she should stop taking the drug and talk t[illegible] doctor at once. The active ingredient of ZOCOR did not cause birth defects in rats at 6 times the h[illegible] dose or in rabbits at 4 times the human dose.

Nursing Mothers: Drugs taken by nursing mothers may be present in their breast milk. Because [illegible] potential for serious adverse reactions in nursing infants, a woman taking ZOCOR should not br[illegible] feed. (See WHEN ZOCOR SHOULD NOT BE USED.)

Pediatric Use: ZOCOR is not recommended for children or patients under 20 years of age.

SIDE EFFECTS

Most patients tolerate treatment with ZOCOR well; however, like all prescription drugs, ZOCOR[illegible] cause side effects, and some of them can be serious. Side effects that do occur are usually mild[illegible] short-lived. Only your doctor can weigh the risks versus the benefits of any prescription drug. In cli[illegible] studies with ZOCOR, less than 1.5% of patients dropped out of the studies because of side effects[illegible] large, long-term study, patients taking ZOCOR experienced similar side effects to those patients t[illegible] placebo (sugar pills). Some of the side effects that have been reported with ZOCOR or related drug[illegible] listed below. This list is not complete. Be sure to ask your doctor about side effects before taking ZO[illegible] and to discuss any side effects that occur.

Digestive System: Constipation, diarrhea, upset stomach, gas, heartburn, stomach pain/cra[illegible] anorexia, loss of appetite, nausea, inflammation of the pancreas, hepatitis, jaundice, fatty changes i[illegible] liver, and, rarely, severe liver damage and failure, cirrhosis, and liver cancer.

Muscle, Skeletal: Muscle cramps, aches, pain, and weakness, joint pain; muscle breakdown.

Nervous System: Dizziness, headache, insomnia, tingling, memory loss, damage to nerves cau[illegible] weakness and/or loss of sensation and/or abnormal sensations, anxiety, depression, tremor, lo[illegible] balance, psychic disturbances.

Skin: Rash, itching, hair loss, dryness, nodules, discoloration.

Eye/Senses: Blurred vision, altered taste sensation, progression of cataracts, eye muscle weakn[illegible]

Hypersensitivity (Allergic) Reactions: On rare occasions, a wide variety of symptoms have [illegible] reported to occur either alone or together in groups (referred to as a syndrome) that appeared to be b[illegible] on allergic-type reactions, which may rarely be fatal. These have included one or more of the follow[illegible] a severe generalized reaction that may include shortness of breath, wheezing, digestive symptoms, [illegible] low blood pressure and even shock, an allergic reaction with swelling of the face, lips, tongue ar[illegible] throat with difficulty swallowing or breathing, symptoms mimicking lupus (a disorder in whi[illegible] person's immune system may attack parts of his or her own body), severe muscle and blood vessel inf[illegible] mation; bruises; various disorders of blood cells (that could result in anemia, infection, or blood clo[illegible] problems) or abnormal blood tests; inflamed or painful joints, hives, fatigue and weakness, sensitivi[illegible] sunlight, fever, chills, flushing, difficulty breathing, and severe skin disorders that vary from rash [illegible] serious burn-like shedding of skin all over the body, including mucous membranes such as the linir[illegible] the mouth.

Other: Loss of sexual desire, breast enlargement, impotence.

Laboratory Tests: Liver function test abnormalities including elevated alkaline phosphatase and bi[illegible] bin, thyroid function abnormalities.

NOTE: This summary provides important information about ZOCOR. If you would [illegible] more information, ask your doctor or pharmacist to let you read the professional label[illegible] and then discuss it with them.

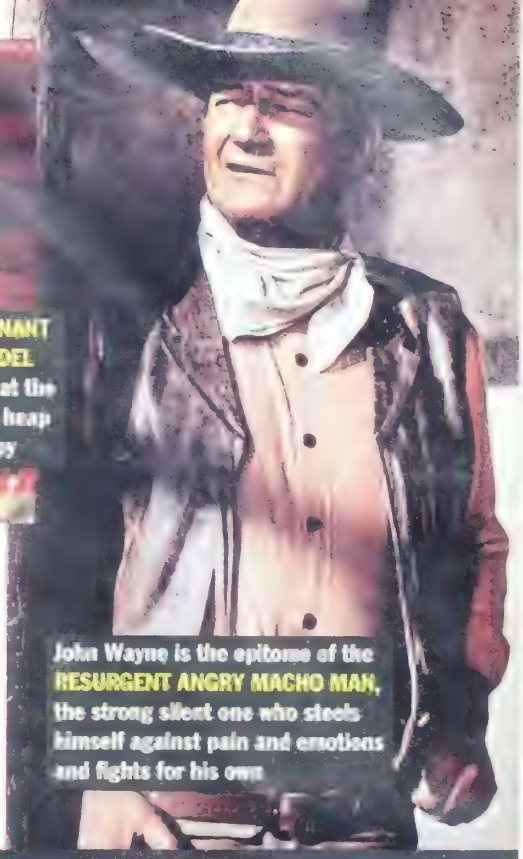
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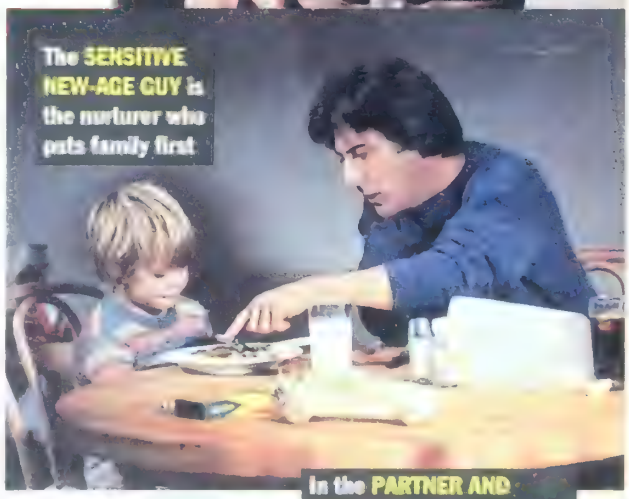
The model of manhood Sheehy calls the **MESSENGER OF GOD** has a strong appeal to men who feel displaced in the home and workplace

The **DOMINANT MALE MODEL** has to be at the top of the heap to be happy



John Wayne is the epitome of the **RESURGENT ANGRY MACHO MAN**, the strong silent one who steels himself against pain and emotions and fights for his own

Men In CRISIS



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Throughout our history, *Ladies' Home Journal* has written about the sometimes maddening but always fascinating relationship between men and women. Now, for our **115th Anniversary**, we bring you this excerpt from best-selling author Gail Sheehy's new book, *Understanding Men's Passages*. From her blockbuster *Passages*, which provided a map to adulthood, to what has become a bible on menopause, *The Silent Passage*, Sheehy has helped us navigate the transitions of life. Here, she sorts out the challenges besetting men today.

By Gail Sheehy

"Always My Daughter"

Lovingly presented on fine porcelain with a unique "quilt patch" design

Here is the perfect way to tell your daughter that she means even more to you—she's also your friend!

Plate-collector favorite Mary Ann Lasher uses her paintbrush with the same deft skill that quiltmakers ply needle and thread—and her captivating interpretation of this delicate quilt pattern, "stitched" with a touching sentiment, is destined to become a family treasure—full of the emotions that make the parent and child relationship such a precious thing.

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Men In CRISIS

Headlines and books trumpet the notion that manhood is on trial—or that it is dead—altogether. The forties, which ought to be the peak decade in the lives of most men, are often filled with anxiety, dread and isolation. No less an icon than Clint Eastwood calls himself the "last cowboy." Robert Kincaid, the protagonist of *The Bridges of Madison County*—whom Eastwood played in the film of the same name—describes himself as obsolete: Computers and robots, he says, have replaced men of courage. Meanwhile, women's magazines instruct their readers in how to satisfy their own rising expectations: "Seize the Night!" they urge. "Your Sexual Peak Is Now!"

"Men in their forties feel quite threatened and attacked," says John Munder Ross, Ph.D., a pioneer in men's studies who teaches psychoanalysis and human development at the New York medical schools of Columbia, Cornell and New York University, and the author of *The Male Paradox* (Simon & Schuster, 1992). "On the work front and at home, they feel expendable. Women begin to look for positive changes in their forties, when their years of total parenthood are winding down. They become more invested in their careers, and often initiate separation from their mates. Men are much more dependent, and they have greater separation anxiety than they like to acknowledge."

Changes in the landscape

It is commonly believed that men are hardwired to act aggressively and suppress emotion, and in fact it is true that in studies of temperament, one of the most striking gender differences is a man's ability to remain cool under physical attack. Yet there is also a basic need for intimacy that becomes more persistent as a man grows older.

What confuses this natural process for men today is the erosion of traditional male roles and privileges. For tens of thousands of years, men were warriors and hunters, dominant over women and indispensable as breadwinners. Their brawn was admired and feared. But in the past few decades—an evolutionary eye-blink—men have been asked to cool their aggressiveness, share their emotional secrets and be more polite about their sexual predation.



In recent decades, Sheehy says, men have been asked to cool their aggressiveness and share their emotional secrets

To make matters worse, millions of men at all social levels who expected to be secure by midlife are seeing their jobs disappear or their marriages disintegrate. The participation of adult males in the workforce is down from 87 percent in 1948 to just over 75 percent now.

Furthermore, American men in every age group under sixty-five have watched their income (in constant dollars) remain flat, decline or show only modest gains over the past two decades, while women's has steadily climbed. And the more economically independent women become, the less likely they are to remain in a miserable marriage.

Given these role-shattering changes, the historical model of masculinity is blurred at best. As in any era of profound change, there is a predictable backlash.

Sometimes a cigar is more than a cigar

The scene is The Big Smoke, in San Francisco, at the Embarcadero Center. A thousand men are here to smoke big cigars, sip booze, get a little buzz and show off. Big steak-and-potatoes men with slaphappy smiles strut around the display booths. At the center of the swirl is the short, thick figure of Marvin Shanken, the prescient editor of *Cigar Aficionado*. When he launched his magazine in 1992, the antismoking wave was at its peak and the cigar market had dropped like a stone. But Shanken understood that men were famished for ways to express their maleness. He saw cigar smoking as a way for men to reassert a male preserve and adopt a status symbol that is considerably cheaper than a luxury car. During the next four years, the sales of premium cigars more than doubled, and circulation and ad sales for Shanken's magazine followed suit.

Of course, the cigar-smoking trend does not seriously address the confusion over a code of manliness appropriate to today. It is an elite version of a larger movement among men who feel displaced, disappointed and "dissed." Men need action-oriented ways and places they can get together with other *(continued)*


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men; many of those opportunities have been lost as a result of laws—justified and long overdue—against sexual discrimination.

"The Big Impossible"

Men's problem with defining their masculinity is an eternal one. In aboriginal North America, for example, among the nonviolent Fox tribe of the Iowa area, real manhood was described as "the Big Impossible." It was an elevated status that only an extraordinary few could achieve.

A man is *made* a man. Manhood is not something he's born with but something he earns. Anthropologist David D. Gilmore, in a cross-cultural study, finds that on every continent, among everyone from simple hunters to sophisticated urbanites, boys must pass a critical threshold, through harsh testing, before they can gain the right to be called men. There is no single line that, once passed, confers manhood, as menstruation marks womanhood for girls.

Even young men in their late twenties admit they are confused about what constitutes the code of manliness today. As one beefy blond Gen-Xer of twenty-eight raised in the American West says, with noticeable envy, "With my parents, there was a relationship of clear dominance and submission. My dad acted with godlike certainty. I mean, he assumed prerogative. My mother assumed it was her role to show deference." He summed up the dilemma: "There are no rules for how to be a man today."

When men today struggle to live up to the traditional mold of masculinity, they are trying to accomplish the big impossible. For some time now, women have been defying all the stereotypes with which they grew up, and they are measurably happier in midlife than any previous generation has been. It is time that men recognize that their old roles and rules are virtually impossible to live up to in the contemporary world. Trying to do so only limits their otherwise exhilarating possibilities for custom-designing a happier middle life.

Honor among men

"What men need is men's approval," notes playwright David Mamet. Traditionally, men have demonstrated their masculinity through displays of honor in the fields of sports, politics, business and war—all fields that until very recently excluded women. No matter how the roles of men have changed, one cultural truth remains: Men care most about what other men think of them. Their greatest fear is of being dominated or humiliated by a stronger man, particularly in front of other men. How then do they continue to demonstrate their manliness in middle life, even as their physical strength wanes and as the need arises to listen to and accommodate others in order to fulfill leadership roles?

"There are no rules for how to be a man today," says one twenty-eight-year-old

Through sports, for one thing. The average American man watches twenty-eight hours of TV a week, much of it sports. Basketball, baseball, football and soccer are more than games. They constitute a culture—arguably, the dominant male culture today.

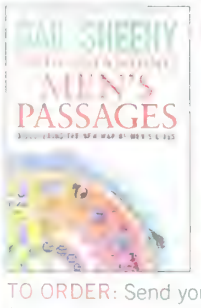
In a fascinating book called *The Stronger Women Get, the More Men Love Football* (Harcourt Brace & Co., 1994), Mariah Burton Nelson, a former professional female basketball player, points out that "manly sports comprise a world where men are in charge and women are irrelevant at best. . . . Sports offer a . . . world where men, as owners, coaches and umpires, still rule."

Sports also permit shared passion between men. It is most often the over-forty guys in the stands at games who shriek and groan and weep, uncovering raw emotions they would contain in front of other men in almost any other setting.

More important, true athletic heroes are champions at emotional control. If they weren't able to psych themselves up, control their anxieties, channel their anger and blot out the jeers of the crowd, they would never have the concentration necessary to kick that crucial field goal or come back from losing the first set. As Nelson writes, "When they fight, the fighting is deliberate masculine theater, not a momentary loss of control. The decision to [lose one's temper] involves rational considerations: not losing face, trying to win games, fulfilling expectations of fans and teammates and appearing on the evening news."

Current models of manhood

Men are finding ways to bolster themselves in this time of confusion, sometimes shifting back and forth among the following *(continued)*



LHJ BOOK BAG

In Gail Sheehy's new book, Understanding Men's Passages: Discovering the New Map of Men's Lives, she explores the changes in society's traditional male roles and the implications that have surfaced as a result. Through a special arrangement with Random House, this 224-page hardcover book is available for $30, which includes shipping, handling and applicable sales tax.

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Have you been bothered by unrealistic, uncontrollable, and excessive worry for the majority of days over the last 6 months? If you have, do you also suffer from three or more of the signs and symptoms of persistent anxiety you see to the left?

If you answered yes to three or more of these, and they significantly affect your ability to function normally, see your doctor.

Only your doctor can diagnose and treat persistent anxiety.

Persistent anxiety is more than just common everyday stress. It's a medically treatable condition.

Anxiety and tension associated with everyday life usually do not require treatment. Persistent anxiety involves excessive, unfounded worry that lasts for 6 months or more, as well as other physical and psychological symptoms, some of which are described to the left of this column. If you recognize these symptoms in yourself and your doctor rules out other illnesses, you may be one of the over 10 million Americans suffering from persistent anxiety. Many people who suffer from these symptoms don't realize that these symptoms can be caused by persistent anxiety, and that they can get help to feel better.

BuSpar is a nonhabit-forming medicine for the treatment of persistent anxiety.

So ask your doctor about anxiety therapies, including nonaddictive BuSpar. BuSpar works progressively over a matter of weeks to relieve anxiety symptoms. Shown to be effective for many people, BuSpar may help you feel like yourself again.

Some people experience side effects like dizziness, nausea, headache, nervousness, lightheadedness, and excitement. These side effects are usually not serious enough to make most people stop taking BuSpar. Your doctor will caution you about driving a car or using complex machinery until you are reasonably sure that BuSpar will not affect alertness or coordination.

ASK YOUR DOCTOR ABOUT NONHABIT-FORMING

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ease see important additional [illegible] PAGE

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CONTRAINDICATIONS

WARNINGS

The administration of BuSpar to a patient taking a monoamine oxidase inhibitor (MAOI) may pose a hazard. Since blood pressure has become elevated when BuSpar was administered concomitantly with an MAOI, such concomitant use is not recommended. BuSpar should not be

PRECAUTIONS

General – *Interference with cognitive and motor performance.* Although buspirone is less sedating than other anxiolytics and does not produce significant functional impairment, its CNS effects in a given patient may not be predictable; therefore, patients should be cautioned about operating an automobile or using complex machinery until they are reasonably certain that buspirone does not affect them adversely. Although buspirone has not been shown to increase alcohol-induced impairment in motor and mental performance, it is prudent to avoid concomitant

Potential for withdrawal reactions in sedative/hypnotic/anxiolytic drug-dependent patients. Because buspirone will not block the withdrawal syndrome often seen with cessation of therapy with benzodiazepines and other common sedative/hypnotic drugs, before starting buspirone withdraw patients gradually from their prior treatment, especially those who used a CNS depressant chronically. Rebound or withdrawal symptoms may occur over varying time periods, depending in part on the type of drug and its elimination half-life. The withdrawal syndrome can appear as any combination of irritability, anxiety, agitation, insomnia, tremor, abdominal cramps, muscle cramps, vomiting, sweating, flu-like symptoms without fever, and occasionally, even as seizures.

Possible concerns related to buspirone's binding to dopamine receptors. Because buspirone can bind to central dopamine receptors, a question has been raised about its potential to cause acute and chronic changes in dopamine mediated neurological function (e.g., dystonia, pseudoparkinsonism, akathisia and tardive dyskinesia). Clinical experience in controlled trials has failed to identify any significant neuroleptic-like activity; however, a syndrome of restlessness, appearing shortly after initiation of treatment, has been reported; the syndrome may be due to increased central noradrenergic activity or may be attributable to dopaminergic effects (i.e., represent akathisia).

Information for Patients – Patients should be instructed to inform their physician about any medications, prescription or nonprescription, alcohol, or drugs they are now taking or plan to take during treatment with buspirone; to inform their physician if they are pregnant, are planning to become pregnant, or become pregnant while taking buspirone; to inform their physician if they are breast feeding; and not to drive a car or operate potentially dangerous machinery until they experience how medication affects them.

Drug Interactions – Concomitant use with other CNS active drugs should be approached with caution (see **WARNINGS**). Concomitant use with trazodone may have caused 3- to 6-fold elevations on SGPT (ALT) in a few patients. Concomitant administration of BuSpar and haloperidol resulted in increased serum haloperidol concentrations in normal volunteers. The clinical significance is not clear. Buspirone does not displace tightly bound drugs like phenytoin, propranolol, and warfarin from serum proteins, but may displace less firmly bound drugs like digoxin. However, there was one report of prolonged prothrombin time when buspirone was given to a patient also treated with warfarin, phenytoin, phenobarbital, digoxin, and Synthroid.

Carcinogenesis, Mutagenesis, Impairment of Fertility – No evidence of carcinogenic potential was observed in rats or mice; buspirone did not induce point mutations, nor was DNA damage observed; chromosomal aberrations or abnormalities did not occur.

Pregnancy: Teratogenic Effects – Pregnancy Category B. Should be used during pregnancy only if clearly needed.

Nursing Mothers – Administration to nursing women should be avoided if clinically possible.

Pediatric Use – The safety and effectiveness have not been determined in individuals below 18 years of age.

Use in the Elderly – No unusual, adverse, age-related phenomena have been identified in elderly patients receiving a total, modal daily dose

Use in Patients With Impaired Hepatic or Renal Function – Since buspirone is metabolized by the liver and excreted by the kidneys, it is not recommended in severe hepatic or renal impairment.

ADVERSE REACTIONS (See also PRECAUTIONS)

Commonly Observed – The more commonly observed untoward events, not seen at an equivalent incidence in placebo-treated patients include dizziness, nausea, headache, nervousness, lightheadedness, and excitement.

Associated With Discontinuation of Treatment – The more common events causing discontinuation included: central nervous system disturbances (3.4%), primarily dizziness, insomnia, nervousness, drowsiness, lightheaded feeling; gastrointestinal disturbances (1.2%), primarily nausea; miscellaneous disturbances (1.1%), primarily headache and fatigue. In addition, 3.4% of patients had multiple complaints, none of which could be characterized as primary.

Incidence in Controlled Clinical Trials – Adverse events reported by 1% or more of 477 patients who received buspirone in four-week, controlled trials: *Cardiovascular*: Tachycardia/palpitations 1%. *CNS*: Dizziness 12%, drowsiness 10%, nervousness 5%, insomnia 3%, lightheadedness 3%, decreased concentration 2%, excitement 2%, anger/hostility 2%, confusion 2%, depression 2%. *EENT*: Blurred vision 2%. *Gastrointestinal*: Nausea 8%, dry mouth 3%, abdominal/gastric distress 2%, diarrhea 2%, constipation 1%, vomiting 1%. *Musculoskeletal*: Musculoskeletal aches/pains 1%. *Neurological*: Numbness 2%, paresthesia 1%, incoordination 1%, tremor 1%. *Skin*: Skin rash 1%. *Miscellaneous*: Headache 6%, fatigue 4%, weakness 2%, sweating/clamminess 1%.

Other Events Observed During the Entire Premarketing Evaluation – The relative frequency of all other undesirable events reasonably associated with the use of buspirone in approximately 3000 subjects who took multiple doses under well-controlled, open, and uncontrolled conditions is defined as follows: Frequent are those occurring in at least 1/100 patients; infrequent are those occurring in 1/100 to 1/1000 patients; and rare are those occurring in less than 1/1000 patients. *Cardiovascular* – frequent: nonspecific chest pain; infrequent: syncope, hypotension, and hypertension; rare: cerebrovascular accident, congestive heart failure, myocardial infarction, cardiomyopathy, bradycardia. *Central Nervous System* – frequent: dream disturbances; infrequent: depersonalization, dysphoria, noise intolerance, euphoria, akathisia, fearfulness, loss of interest, dissociative reaction, hallucinations, suicidal ideation, seizures; rare: feelings of claustrophobia, cold intolerance, stupor, slurred speech, psychosis. *EENT* – frequent: tinnitus, sore throat, nasal congestion; infrequent: redness and itching of the eyes, altered taste, altered smell, conjunctivitis; rare: inner ear abnormality, eye pain, photophobia, pressure on eyes. *Endocrine* – rare: galactorrhea, thyroid abnormality. *Gastrointestinal* – infrequent: flatulence, anorexia, increased appetite, salivation, irritable colon, rectal bleeding; rare: burning of the tongue. *Genitourinary* – infrequent: urinary frequency, urinary hesitancy, menstrual irregularity and spotting, dysuria; rare: amenorrhea, pelvic inflammatory disease, enuresis, nocturia. *Musculoskeletal* – infrequent: muscle cramps, muscle spasms, rigid/stiff muscles, arthralgias. *Neurological* – infrequent: involuntary movements, slowed reaction time; rare: muscle weakness. *Respiratory* – infrequent: hyperventilation, shortness of breath, and chest congestion; rare: epistaxis. *Sexual Function* – infrequent: decreased or increased libido; rare: delayed ejaculation, impotence. *Skin* – infrequent: edema, pruritus, flushing, easy bruising, hair loss, dry skin, facial edema, blisters; rare: acne, thinning of nails. *Clinical Laboratory*: infrequent: increases in hepatic aminotransferases (SGOT, SGPT); rare: eosinophilia, leukopenia, thrombocytopenia. *Miscellaneous* – infrequent: weight gain, fever, roaring sensation in the head, weight loss, malaise; rare: alcohol abuse, bleeding disturbance, loss of voice, and hiccoughs.

POSTINTRODUCTION CLINICAL EXPERIENCE: Rare occurrences of allergic reactions (including urticaria), cogwheel rigidity, dystonic reactions, ataxias, extrapyramidal symptoms, dyskinesias (acute and tardive), ecchymosis, emotional lability, tunnel vision, and urinary retention have been reported. Because of the uncontrolled nature of these spontaneous reports, a causal relationship to BuSpar has not been determined.

DRUG ABUSE AND DEPENDENCE

Controlled Substance Class – Not a controlled substance.

Physical and Psychological Dependence – Buspirone has shown no potential for abuse or diversion and there is no evidence that it causes tolerance or either physical or psychological dependence. However, since it is difficult to predict from experiments the extent to which a CNS-active drug will be misused, diverted, and/or abused once marketed, physicians should carefully evaluate patients for a history of drug abuse and follow such patients closely, observing them for signs of buspirone misuse or abuse (e.g., development of tolerance, incrementation of

OVERDOSAGE

Signs and Symptoms – At doses approaching 375 mg/day the following symptoms were observed: nausea, vomiting, dizziness, drowsiness, miosis, and gastric distress. A few cases of overdosage have been reported with complete recovery as the usual outcome. No deaths have been reported following overdosage with BuSpar alone. Rare cases of intentional overdosage with a fatal outcome were invariably associated with ingestion of multiple drugs/or alcohol, and causal relationship to buspirone could not be determined.

Recommended Overdose Treatment – General symptomatic and supportive measures should be used along with immediate gastric lavage. No specific antidote is known and dialyzability of buspirone has not been determined.

U.S.A. Patent Nos. 3,717,634 and 4,182,763

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MEN IN CRISIS

Continued

expressions of manliness, depend
on mood or circumstances.

One of the strongest trends of
nineties is the reversion to the p
feminist, pre–Alan Alda for
**Resurgent Angry Macho M
(RAMM)**. The RAMM movem
encourages a man to return to
primitive nature as the wild man w
fire in his belly and a strong arm
put women back in their place. T
prototype is the American cowb
The tough loner who shoots from
hip, doesn't need love, doesn't s
around with women and doesn't
act. To loss was a cultural id
through the 1950s. John Wayne, w
has held up as a symbol of manho
for several generations, remains
inspiration to men of the RAM
type. As described by Garry Wills
his book *John Wayne's America* (
mon & Schuster, 1997), Wayne
the very embodiment of the count
receded frontier, "untrammeled,
spoiled, free to roam."

The opposite philosophy is rep
sented by the **Sensitive New A
Guy (SNAG)**, initially a man w
discovered his nurturing side un
pectedly (or by default, as in the fi
Kramer vs. Kramer). In the extre
version, he switched roles and
sumed the prerogatives of Mr. Mo
He expected his kids and wife to i
alize his contribution, his hou
would remain discretionary, and
wouldn't be responsible for mortga
payments. Or, having fought for c
tody after divorce, he was determin
to prove he could outdo Mom. T
results among men who actually
to perform this role without wo
outside the home are mixed. Th
can usually develop the necessa
empathy and patience to care for t
kids, but forgoing career ambitio
and male posturing may eventua
make them feel emasculated. A
they often find themselves left behi
by women, who desert them to se
wider horizons themselves.

However, many successful m
in midlife have disclosed to r
that they yearn to enjoy a period

Mom. This is an important cul- change, still small, but growing. uld be a very healthy way for a in transition to exercise his nur- g side and feel useful while he is ng out a new direction.

ıe currently popular Hollywood el of the SNAG is a successful egocentric Yuppie who almost what is most important but is in the end by growing out of nacho posturing. The zany putty- Jim Carrey scored a big hit with *Liar*, which features a driven r whose five-year-old son magi- transforms a narcissistic no- into a sensitive hands-on father. nother expression of manliness is **Dominant Male Model (DOM)**. e men are the world-beaters, the derkinder, the high achievers have to be on top to be happy. ntemporary terms, they were the not bond traders of the greedy ies so memorably labeled by Wolfe as Masters of the Uni- . In the nineties they are person- by the rogue elephants of the rmation and entertainment ds: Bill Gates, Rupert Murdoch, ald Trump.

t a fourth philosophy is the **senger of God** model **(MOG)**, ounded by a new wave of evan- n, which calls upon men to band her in spiritually inspired mass ements that bear a great resem- e to twelve-step programs. Men ecruited to these movements by erful autocratic figures: Louis khan, for example, the militantly Semitic Muslim who presided the Million Man March, or Bill Cartney, the messianic former ball coach who created the nise Keepers. Both of these ements tap into a longing for ide- discipline, spiritual guidance and urgence of male authority. They al particularly to boomers and -Xers, with their use of rock mu- an athletic "uniform," martial ches, the pointed exclusion of en and permission for heterosex- nen to show love for one another. erents recite vows to become bet- athers, husbands and community leaders and dedicate themselves to restoring Scriptural values.

A true grassroots movement is the **Partner and Leader** model **(PAL)**. Men are finding ways to bond in small groups that form spontaneously—through a school or church connection, among men cruelly downsized at a workplace or shut out of their children's lives as noncustodial fathers. In these smaller groups, men are encouraged to act as partners as well as leaders, rather than being led by any higher authority. They are not bonding for the historical purpose of attacking or defending turf, but as chosen brothers who can offer each other support and solace or aid in unlearning the socialization that keeps them locked up with inscrutable feelings and secret failings.

These groups are not usually religious, but there are reverberations among men in the Christian communities, who are being called by their churches to find new meaning in service and community leadership. Wives are welcomed as full partners. The new manhood ideal here is servant-leader. Christian counseling is blended with psychotherapy. The call is to spiritual transformation, stressing the movement from success to significance.

Reinventing manhood

In truth, no man is just one of these types. Men's lives today call upon a full range of capacities—from brute force to gentle empathy—and it is no longer necessary or useful to lock oneself into the old stereotypes. With military confrontations increasingly being replaced by trade wars, men have a greater chance to develop new "manly arts."

To speak of the end of manhood is both absurd and destructive. What is needed is a new definition of manliness, one that celebrates the strengths of the post-patriarchal male in midlife and uses his individual gifts. Such ideals are indispensable to the healthy functioning of any culture, to give men a purpose in life regardless of their age, and urgently necessary to bind men psychologically into the family and the community. ●



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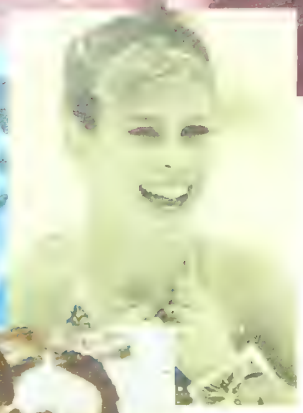


PALMER'S

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Tears for every season, and reason: Britons grieve the death of a princess; a new mom weeps as her newborn wails; skater Tara Lipinski brings home the gold at fifteen; a Frenchman mourns the fall of his homeland to Germany in 1940; Bill Clinton feels his constituents' pain; Lou Gehrig bids his fans farewell at Yankee Stadium in 1939; actor Ving Rhames declares that he's not worthy of his Golden Globe; Holly Hunter has her daily cry in *Broadcast News*

Weeping when we're happy or sad is something only humans can do. But what are the hows and whys behind our wails? Here, the whole sob story

By Jeannie Ralston

A GOOD CRY

There was a time when I cried daily. I had taken a stressful job where twenty other jobs were riding on how well I performed. The pressure would build all morning, through the early afternoon. Finally, at about two-thirty, I would close my office door and put my face in my hands. The tears would flow; my chest would heave with sobs. I was crying because I wasn't sure I could live up to everyone's expectations—especially my own. Crying because I longed for my old lightness of spirit. Crying because I felt exhausted and old beyond my years. I would wallow in self-pity for about five minutes, then—as if I had finished my coffee break and was putting away my cup—I'd dry my eyes and reapply my makeup. Like Holly Hunter's character in *Broadcast News*, who scheduled a good cry into her day, I emerged from these sessions better able to face the day's dramas.

I was always baffled as to why this was so, but then, much about crying is baffling. "Thousands of songs have been composed about tears; almost every movie worth remembering stimulates their flow," says Jeffrey Kottler, Ph.D, professor of counseling at Texas Tech University, in Lubbock, and author of *The Language of Tears* (Jossey-Bass, 1996). "Yet few people understand their own tears, much less those of others."

We live in an emotional era. Consider our president, who seizes every opportunity to emote aqueously, or the worldwide weep week last September that followed Princess Diana's death. When even the stiff-upper-lipped British behave like guests on *Sally Jessy Raphael*, it's high time we took a good, hard look at this whole boo-hoo business. *(continued)*

Top 5 Reasons To Cry

According to a study by Ad Vingerhoets, Ph.D., at Tilburg University, in the Netherlands, the top five reasons people cry are:

1) Tragic events that befall them
2) Funerals
3) Loss of a relationship
4) Sad movies
5) Despair



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ZYRTEC

Pregnancy Category B

ADVERSE REACTIONS

Table 1 Adverse Experiences Reported in Patients aged 12 years and older in Placebo Controlled United States ZYRTEC Trials (Maximum Dose of 10 mg) at Rates of 2% or Greater (Percent Incidence), ZYRTEC (N=2034) vs Placebo (N=1612) respectively

Table 2 Adverse Experiences Reported in Pediatric Patients (6 to 11 years) in Placebo Controlled United States ZYRTEC Trials (5 or 10 mg doses) Which Occurred at a Frequency of ≥2% in Either the 5 mg or the 10 mg ZYRTEC Group and More Frequently than in the Placebo Group ZYRTEC 5 mg (N=161) 10 mg (N=215) vs Placebo (N=109)

Autonomic Nervous System
Cardiovascular
Central and Peripheral Nervous Systems
Gastrointestinal
Genitourinary
Hearing and
Metabolic/Nutritional
Psychiatric
Respiratory System
Skin
Special Senses
Vision
Body as a Whole

DRUG ABUSE AND DEPENDENCE
OVERDOSAGE

DOSAGE AND ADMINISTRATION Adults and Children 12 years and older

Children 6 to 11 years



Oprah Winfrey's empathy for her guests is one key to her success

A GOOD CRY

Continued

HOW THE PLUMBING WORKS

Other animals feel sadness or shed tears in response to eye irritants, but only in *homo sapiens* do the two come together. There are actually three types of human tears:

- The small but constant amount of tears produced mainly by the lacrimal gland, located above and behind each eye, that keep eyes moist and healthy. Each blink moves the tears across the surface of the eye.
- Irritant tears, which occur when the lacrimal gland pumps up production to wash away something foreign that lands in your eye—dirt, pollution, onion fumes.
- Emotional tears, which are the most complex kind. Say your husband has just told you he wants a divorce. As you begin to interpret and understand that information, it goes into the limbic system, which triggers the release of hormones, such as prolactin and adrenocorticotropic hormone (ACTH), from the pituitary gland into the blood. The brain sends signals through the nerves, whose endings release a chemical messenger called acetylcholine to the tear glands, which tells them to turn on the spigots.

Both reflex and emotional tears drain from the eye into tear ducts at the inside corner of each eye, and empty into the back of the nose. "That's why your nose runs when you cry," says William H. Frey II, Ph.D., a biochemist at the Dry Eye and Tear Research Center at Regions Hospital, in St. Paul, Minnesota, and author of *Crying: The Mystery of Tears* (Harper & Row, 1985).

The average crying spell *(continued on page 100)*

The Hollywood Hankie Brigade

If you need a good cry, here are a few titles guaranteed to leave you waterlogged.

An Affair to Remember	*Love Story*	*Sophie's Choice*
Brian's Song	*Magnificent Obsession*	*Steel Magnolias*
The Champ	*Mildred Pierce*	*Terms of Endearment*
E.T.	*A Place in the Sun*	*Titanic*
Flamingo Road	*Schindler's List*	*Waterloo Bridge*

TEAR TURN-ONS

During my pregnancy, every time I thought about the moment when the doctor would lay my new baby on my chest after the delivery, I would tear up in anticipation. Then the day ame. My son was on me all squirmy and eautiful. And my eyes were as dry as David etterman's humor. My husband, meanwhile, as blubbering like Tammy Faye Bakker.

My arid state at this monumental event has othered me slightly over the ten months ince my son's birth. But when I told the story o Randall Martin, Ph.D., a psychologist and rying expert at Northern Illinois University, in e Kalb, he asked if I had cried sometime fter the event. And I remembered an episode hen my son was two weeks old. I had just pened a gift—*The Giving Tree* by Shel ilverstein, a book about the unconditional ve a tree has for a boy throughout the boy's fe. As I tried to read the book aloud to my usband, I cried so hard I thought someone ould have to bring out a mop. My husband tood by in shock. I cried because I ecognized the beauty, the completeness, of y unconditional love for my son. But it asn't until months later, talking to Martin, hat I realized these tears may have been the ones I hadn't shed at my son's birth.

Tears are unpredictable that way. "Much of the time we have no idea why we're crying," says Jeffrey Kottler. Sometimes, the reason seems insignificant—a broken fingernail, for instance. But the fingernail is the last straw in a buildup of pressure and emotion.

A host of emotions can prompt tears. An obvious trigger is sadness, causing about half of all crying episodes. Tears of joy are also common, which is why there's crying on both sides of the field at the end of the Super Bowl. One difference: Sobbing in sorrow usually lasts seven minutes; a happy cry averages two.

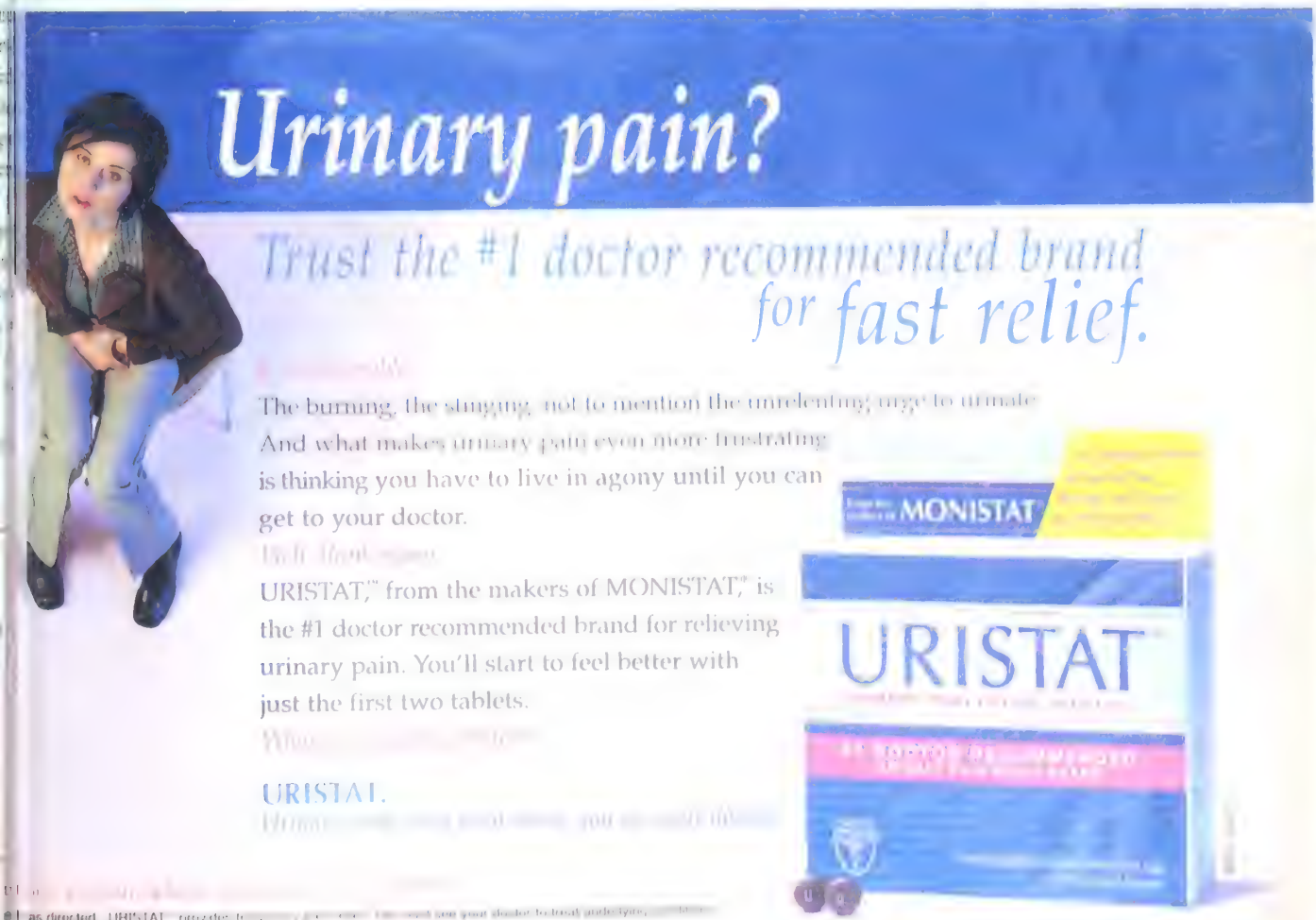
"There are also tears of relief, tears of anger and aesthetic tears when you're moved by a sunrise or a work of art," says Kottler. Some people, mostly women, even cry during sex, because of the intensity of the emotion.

And tears can be contagious—so much so that people who don't like to cry often don't want to witness another's outburst. I'll never forget my grandmother's funeral, when my father—her oldest son—knelt at her casket and wept. In all my twenty-four years, I had never seen my father cry, so I knew his pain must have been nearly unbearable. I then began to cry, too—less for my grandmother than for the loss my father was suffering. —J.R.

weeping in the workplace

Job frustrations are a frequent source of tears, but most of us are expected to keep them bottled up. A recent poll showed that 90 percent of women, versus 70 percent of men, had cried at work. Yet more than 75 percent of birth were, and work is not the place to show emotions, so that job-related crying should be done privately.

"You should dig needles in your flesh rather than cry," says etiquette expert Letitia Baldrige. "Crying may say to your boss that you're out of control, not a person he or she wants on the team." If you feel a sob breaking through, excuse yourself, pronto. "Run to the bathroom, splash cold water on your face," says Baldrige. "Get a grip."



A GOOD CRY

Continued from page 98

produces .033 fluid ounces. Much of that will drain into the nose, but any fluid that the ducts can't handle will accumulate in what are rather poetically called lacrimal lakes—triangular spaces at the inner and outer corners of the eye. When they can't hold anymore, the tears spill over your eyelid and run down your face.

SURVIVAL OF THE WETTEST

Kottler believes that tears have endured because they are an effective form of communication. The fittest of the species "include those who are most skilled at direct and indirect means to get their needs met," he says. Frey thinks the explanation is closer to an old Yiddish saying: "What soap is to the body, tears are to the soul." He proposes that "perhaps people feel better after crying because tears remove chemicals that build up as a result of emotional stress." That would include feelings of exultation as well as sadness.

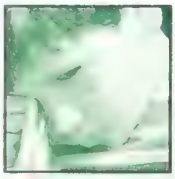
Frey has also found in tears a substance called leucine-enkephalin, one of those blessed brain chemicals known as endorphins. As an alternative to the "shedding bad chemicals" theory, he suggests that crying may ease stress because we absorb the endorphins through our nose. "There may be something in tears that is self-medicating," he says. This could explain why many people (85 percent of women and 75 percent of men) feel better after a good cry.

Crying also has a mind-clearing effect. In a study at Case Western Reserve University, in Cleveland, thirty men and women were shown either a filmed comedy routine or the deathbed scene from *Terms of Endearment*. Half were told to suppress all emotions; the rest were urged to let loose. After watching the tapes, all the subjects tried to solve anagram puzzles. Those who suppressed their feelings solved only 38 percent; subjects who expressed feelings solved 56 percent. ●

THE CRYING YEARS

INFANTS Babies can't talk, so they cry to express wants and fears: hunger, a diaper that needs changing, a desire to be held. But crying does more than ensure that no one forgets about the baby. "Crying remains the infant's main form of exercise," says Jeffrey Kottler. "It generates warmth, increases lung capacity, burns off energy, increases alertness and discharges tensions." The average two-week-old cries two hours per day. Crying peaks at six weeks (about three hours a day). By six months, babies are down to about an hour of daily wailing.







TODDLERS The "Terrible Twos" actually start around fifteen months. Tantrums common at this stage are usually caused by developmental frustrations, and the conflict between toddlers' desire to be autonomous and their physical limitations.

SCHOOL AGE A child's awareness of death at about age three can create new fears that provoke crying. Many fears are fueled by media images—from violent cartoons to the evening news. Pressures at school can cause older kids to cry; social interactions—being excluded from baseball, say—become a major source of tears as well.

PRETEEN TO TEEN YEARS Up until age twelve, the research shows, boys and girls cry about equally. During preadolescence, however, boys experience a radical falling-off in crying, partly because of social norms ("boys don't cry") and partly because of hormonal differences that kick in at this age. Tear triggers are school pressures, social frustrations and clashes with parents.

CRYING and the GENDER GAP

- *Eighty percent of men say they don't cry, while the same percentage of women say they do.*
- *Women cry an average of 5.3 times per month, versus 1.4 times for men.*
- *Of men who cry, 75 percent get just watery eyes, while half of all women report that their tears regularly spill down their cheeks.*
- *Only 15 percent of men who cry say they sob, versus 65 percent of women who do the heavy breathing, the wailing, the works.*
- *Females are eight times more likely than males to cry when they are yelled at.*
- *Women are nine times more likely to cry at sentimental occasions.*
- *Thirty-six percent of men cry over movies, TV shows or books, versus 27 percent of women.*

THE HORMONE CONNECTION

Much of the crying gender gap results from societal norms. But physiology and hormones are factors, too. William Frey found that under a microscope, the secretory cells of the lacrimal glands are dissimilar in men and women. "Structural differences very likely result in functional differences," says Frey.

But hormones (surprise, surprise) may be even more important. Women have 50 to 60 percent higher levels of prolactin than men, which "may lower the threshold for tearing," explains Frey. "Even if men and women have similar strong emotional reactions to something, a woman is more apt to shed tears."

With hormones playing such a role, shouldn't pregnant women be blubbering messes? Yet Frey's research shows them to have no greater propensity for tears than nonpregnant women. However, researchers have documented something that many of us have known all along: We're more likely to get weepy—usually over silly things—before our periods.

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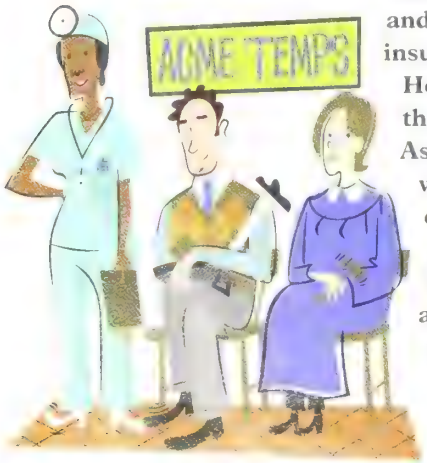
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City State Zip

Telephone ( )

WHAT'S TEMPTING ABOUT TEMPING?

...ployers ... taking a ... approach to ...ring, where talent is brought on board for a specific project," says Alice Snell, a senior analyst at Kennedy Information, an executive-recruitment consulting firm in Fitzwilliam, New Hampshire. In addition to a flexible work schedule and high salaries, today's professional temporary workers often can expect benefits. Some agencies offer workers access to group health coverage, 401(k) plans and bonuses, and handle tax forms and employee insurance.



How do you find these positions? Ask colleagues whether their employers hire project staff, and look for agency ads in trade journals.

—Debra W. Englander

Filling in for a vacationing receptionist used to be typical work for people who held temporary positions. But due to corporate downsizing, the number of professional temporary workers (attorneys, public-relations consultants, accountants) has skyrocketed in recent



All in the Family

Q: Although it's an awkward subject, I want to make sure that my parents have carefully planned their estate so that my siblings and I can avoid financial hassles. What do I need to ask them?

A: You're right that having the information in advance will prevent added stress at a difficult time for your family, says Todd Gillingham, manager of individual planning at Lutheran Brotherhood, a financial service organization in Minneapolis.

First, find out where your parents keep important documents such as insurance policies, real-estate deeds, tax returns and bank statements. Then ask them if they have a will. If they do, be sure that they update it to reflect any family changes—births, deaths, etc. Be aware, though, that upon a person's death, the will must go through probate, the legal process for passing on assets, which can be both time-consuming and expensive (possibly up to 5 percent or more of the estate's value). Depending on the probate fees in your state, it may be worth it to have an attorney transfer assets to a revocable living trust instead. This device allows your parents to manage their assets while they're alive: Upon their death, a successor trustee distributes the assets without having to deal with judicial red tape. What's the best option for your parents? A local lawyer or an estate planner could tell them.

—Corinne L. Domingo

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Accessing TeleWorth is easy. Their Internet service (*www.teleworth.com*) provides a report within minutes after you punch in frequently called numbers, the date and time of day you made those calls and the duration. Or, if your calls are too numerous or diverse, it may be easier to phone TeleWorth at 800-789-2534 and have a representative complete the data entry for you. An added bonus: At your request, TeleWorth will also contact the necessary consumer groups to stop your unwanted junk mail and phone solicitations.

—Robin D. Laws



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Touched by Scandal

Eleven years ago, Donna Rice was the other woman in a Washington sex scandal. Here, she talks about political affairs—and offers some advice to Monica Lewinsky. By Anne Taylor Fleming

As news of the latest presidential imbroglio swirled through the nation's capital, Donna Rice Hughes, a woman who knows a thing or two about scandals, was quietly at work in her office just a few miles away from Washington, D.C.

You blink: There she is in 1987, at the age of twenty-nine, sitting on the lap of presidential hopeful Gary Hart aboard the aptly named boat, *Monkey Business*, an angular blond with beauty-pageant looks. Now she's forty, her angles softened, a mature Southern belle in a no-nonsense black pantsuit. Her image has changed, too: The woman who was at the center of the drama that riveted the nation and drove Hart to withdraw from the 1988 presidential race now works for Enough Is Enough, an organization dedicated to fighting obscenity on the Internet. She has even written a book, *Kids Online: Protecting Your Children in Cyberspace* (Baker Books), which is due out this summer.

"What we're talking about is illegal pornography," Rice says, as she shows the kind of incredibly graphic sexual pictures available online. "Our organization is aimed at two things: keeping kids from having access to this kind of stuff, and keeping predators from having access to kids.

"I know people think, Antiporn—prude," she adds. "But not many people would consider me a prude."

Rice says this with a good, self-aware laugh. The irony of her new job is not lost on her. "I tell people that it's proof God has a sense of humor," she says. "Here I am back in a sexually stigmatized and controversial issue, and dealing with politics and the media. It's like I'm back on the horse that threw me."

It's clear that Rice has squared off with her own past. But it was, she says, a long, hard road from Gary Hart's lap to this office and the Virginia home she shares with her husband of four years, business executive Jack Hughes, forty-six, and his sixteen-year-old son, Sean. (His twenty-year-old daughter, Mindy, is in college in Los Angeles.) Rice says she and Jack are now trying to have a baby of their own.

Her story is one of resurrection and self-reclamation on an almost unimaginable scale. Monica Lewinsky might take note. There *is* a way back after such a scandal, but it's hard and lonesome work, with a lot of anger, hurt and shame to resolve, and a lot of megabucks offers to weigh—offers to disrobe or disgorge intimate details.

"It's like living through a storm," Rice says. "Nobody can imagine it. It's a different level *(continued)*

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70 years Soft and still going Strong.

this time because it involves a president, and there are other allegations beyond the improper relationship. But whatever [Lewinsky] does legally, she does not have to exploit her notoriety with the offers and all of that. I think she can still come out okay."

Rice believes Lewinsky is being treated very differently than she was. "Of course, I'd been a model, so there were all these bathing suit pictures of me. And Hart dropped out of the race so quickly that *I* became the story. It was like being gang-raped with the whole world jeering and cheering."

ANATOMY OF A SCANDAL

One aspect still rankles. Rice insists she was not a cheap party girl as she was portrayed. In fact, she comes from a salt-of-the-earth Southern Baptist background. Her family was traditional: Her father was an engineer; her mother, a secretary, would get concerned about what the neighbors would think if a teenage Rice was seen with a boy in the driveway. Rice was also a good student, graduating Phi Beta Kappa in biology from the University of South Carolina. She says she might have even ended up becoming a doctor.



"I wanted a career," she explains. "I was very ambitious. Being an A student just wasn't enough. I had to be number one in the class. I was very competitive with myself. My mother said, 'Why do you want to do this? Just get a nice man and settle down.'"

Feeling adrift after college, Rice entered and won the Miss South Carolina World Pageant, and went to New York to compete at the next level. But at age twenty-two, she lost her carefully guarded virginity in a date rape.

"We had a couple of glasses of wine and things just got out of hand," she recalls. "I kept saying no, but he didn't stop. He actually called to apologize the next day. I felt terrible. I blamed myself—for even being in a situation where this could happen."

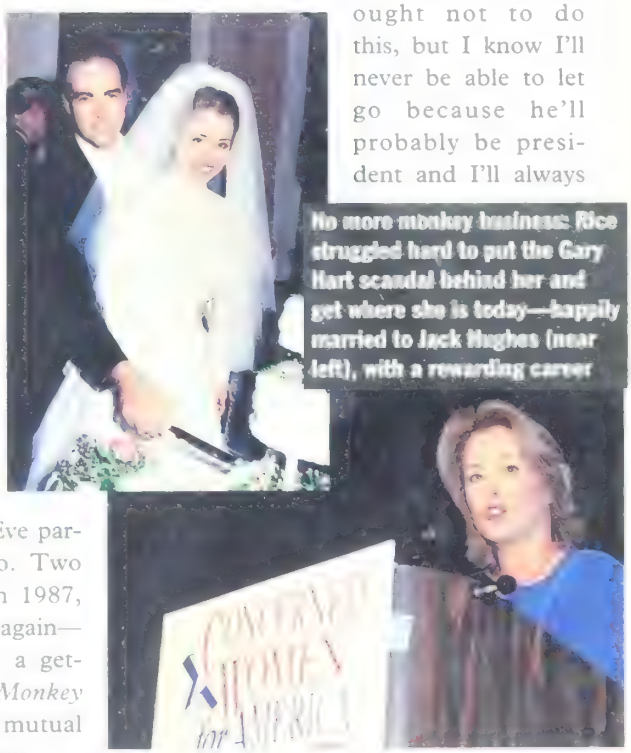
From then on, her life went awry. Rice was drawn to men with money. She moved to Miami and found a job as a pharmaceuticals salesperson, and did commercial modeling on the side. She also posed for an ad for a local bar with half her breast exposed. "My whole life was off track in my twenties," she admits. "I had all these nice guys around me, and I was always falling for the handsome rats instead."

Rice first met Gary Hart at a New Year's Eve party in Aspen, Colorado. Two months later, in March 1987, she bumped into him again—this time in Miami at a get-together aboard the *Monkey Business*, where some mutual friends reintroduced them.

The next evening Rice and Hart had their first date. She says she didn't know he was thinking about running for president, nor that he was married. If that sounds a little disingenuous, there is about Rice a naiveté that still lingers. "I met this very charismatic man, and I went to dinner with him at his invitation. We were talking and I said, 'Have you ever been married?' And he said, 'I am married.' I almost dropped my fork," she remembers. "I had never gone out with anyone who was married. But I eventually let my heart get ahead of my head."

A few days later Rice and Lynn Armandt, a friend of hers at the time, accompanied Hart and another man on a cruise aboard the *Monkey Business*. At some point Rice sat on Hart's lap, and the infamous career-ending picture was taken, Rice says, by Armandt.

Hart went back to his home state of Colorado and announced he was running for the presidency. Immediately, there were rumors of his womanizing. Nonetheless, Rice agreed to meet him one last time—in Washington, D.C.—if only to satisfy her curiosity. "I had made a deal with God. It was: I know I ought not to do this, but I know I'll never be able to let go because he'll probably be president and I'll always wonder if I was just another girl."



No more monkey business: Rice struggled hard to put the Gary Hart scandal behind her and get where she is today—happily married to Jack Hughes (near left), with a rewarding career

The answer to that was swift in coming. One of Rice's friends—she still doesn't know who—tipped off the *Miami Herald* that she was on her way to Washington. A team from the paper staked out Hart's town house and watched Rice walk in that night. Reportedly, she was still there the next morning when Hart spotted the press outside. He and Rice told the media that nothing had happened between them. To this day, she has maintained her silence on the subject. But the denials didn't help *(continued on page 112)*

After menopause,

women have

a new choice

to prevent osteoporosis.

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Now that you're through with menopause, your body makes 80% less estrogen. Losing estrogen can mean losing bone. Left untreated, that can lead to osteoporosis. But now there's a new way to prevent osteoporosis: Evista.

Evista isn't a traditional hormone. It's a SERM: Selective Estrogen Receptor Modulator, and it's been tested in clinical trials with over 12,000 women worldwide. In most women, Evista preserves bones and helps keep them strong. And while it preserves bones, it may also help lower cholesterol. Evista can even increase bone mass – though not quite as much as estrogen replacements.

Importantly, women taking Evista had no increased risk of breast or uterine cancer in studies of up to three years. And most women didn't get the bleeding, bloating, and breast tenderness often associated with estrogen replacements.

Evista is for the prevention of osteoporosis in postmenopausal women. If you are Caucasian or Asian, have a slender build, do not exercise, or have a family history of osteoporosis, you may be at increased risk. Also, if you don't get enough calcium in your diet, you should take calcium supplements. Your doctor will tell you that Evista will not help with hot flashes and its effect on fractures is not yet known.

If you are or can still become pregnant, have liver problems, or have had blood clots that required a doctor's treatment, Evista is not for you. Similar to estrogen replacements, taking Evista may increase the risk of these clots – being immobile for a long time adds to that risk. The most commonly reported side effects of Evista were hot flashes and leg cramps, although most women didn't find them serious enough to stop taking Evista.

Ask your doctor about Evista. It's available by prescription only. For more information, call toll-free 1-888-384-7823, visit www.evista.com, and read the next page. Because now you have a new choice.

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Important Information for Patients ... EVISTA® ... rosis after Menopause

What is the most ... EVISTA?
EVISTA is for use only by women after menopause to prevent osteoporosis.
If you are pregnant or can become pregnant you should not take EVISTA because it could harm your unborn child.

What is EVISTA?
... EVISTA ...
In postmenopausal women, EVISTA stops the loss of bone that often occurs after menopause. EVISTA acts like estrogen on the bones, although it builds bone to a lesser extent than estrogen. It is not known if EVISTA prevents breast cancer. EVISTA does not act like estrogen on the breast or uterus.
... EVISTA ...
EVISTA will not treat hot flashes. (see **What are the possible side effects of EVISTA?**)
EVISTA does not stimulate the breast or the uterus. This means that some of the common side effects of estrogen, such as spotting or menstrual-type bleeding and breast tenderness, may be avoided. EVISTA did not increase the risk for breast cancer or cancer of the lining of the uterus in clinical studies up through two and one-half years.
Who should not take EVISTA?
Do not take EVISTA
• unless you have been told by your doctor that you have passed menopause. EVISTA is for use only by ... after menopause.
• **IF YOU ARE OR CAN BECOME PREGNANT BECAUSE IT COULD HARM YOUR UNBORN CHILD.**
• if you have or have had blood clots that required a doctor's treatment. These may include clots in the legs, lungs or eyes (thrombosis or phlebitis). Taking EVISTA may increase the risk of these blood clots. These clots can cause serious medical problems, disability or death. If there is anyone in your family with a history of blood clots, or if you have congestive heart failure or active cancer, you should discuss this with your doctor.
• if you have liver disease, unless your doctor says it is all right to take EVISTA.
• if you are allergic to EVISTA or to any ingredients in it.
How should I take EVISTA?
• ...
• EVISTA can be taken with or without food and at any time of the day.
• If you miss a dose, start taking the medicine again as soon as possible, on your normal schedule. You do not have to make up for the missed dose.
It is important to keep taking EVISTA for as long as your doctor prescribes it. EVISTA can prevent osteoporosis only if you take it regularly.
EVISTA has been prescribed specifically for you by your doctor. Do not give your medicine to anyone else, even if they have a similar condition—it may harm them.
What should I avoid while taking EVISTA?
While taking EVISTA, you should avoid:
• being immobile for a long time, for example, staying in bed after surgery or prolonged bed rest. Being immobile may increase the risk of blood clots (such as clots in the legs, lungs, or eyes). You should stop taking EVISTA at least 3 days (72 hours) before you plan on being immobile for a long time. EVISTA therapy should only be started again after you are back on your feet and fully mobile (see **What are the possible side effects of EVISTA?**). When traveling for long periods, it is important to get up and move around periodically.
• taking any form of estrogen therapy that comes as a pill, patch or injection.
• taking the cholesterol-lowering medicine cholestyramine.
Ask your doctor if there is anything else you should avoid while taking this medicine.
If you are taking warfarin or other coumarin products (blood thinners), your doctor may need to check your prothrombin time ("pro-time") and adjust your medicine when you first start taking EVISTA.
You should tell your doctor if you are taking any other medicines.
What are the possible side effects of EVISTA?
A rare, but serious, side effect with EVISTA is blood clots in the veins. These blood clots can prevent b... flow and cause serious medical problems, disability or death.
Be alert for signs of trouble. Report these or any other unusual side effects to your doctor immediate...
• pains in the calves or leg swelling (this can indicate blood clots in the legs)
• sudden chest pain, shortness of breath or coughing blood (this can indicate blood clots in the lungs)
• changes in vision (this can indicate blood clots in the eyes)
If you have these or any other problems while taking EVISTA, contact your doctor or pharmacist as s... as possible (see **What should I avoid while taking EVISTA?**)
Patients taking EVISTA had a higher occurrence of hot flashes than patients taking a placebo (sugar p... The incidence on placebo was 18%, and the incidence on EVISTA was 25%. Most patients noticed this side ef... early in their treatment. It was unusual for patients to develop hot flashes after the first 6 months of treatm...
Patients taking EVISTA had a higher occurrence of leg cramps than patients taking a placebo (6% ver... 2%, respectively).
Like all medicines, EVISTA may cause side effects in some patients. This summary does not include ... possible side effects with EVISTA. Your doctor has been informed of other complaints reported during c... ical trials. Complaints that were reported about as often with placebo (sugar pill) as with EVISTA are not l... cussed here. It is important to talk with your doctor about possible side effects. If you want to read m... ask your doctor or pharmacist to give you the professional labeling.
Most patients tolerate treatment with EVISTA very well. The majority of side effects in clinical trials w... EVISTA have been mild. They did not usually cause patients to stop taking the medication.
What should I know about osteoporosis?
Your bones are constantly being rebuilt. First, old bone is removed, then it is replaced with new bone. T... process keeps your skeleton healthy and strong.
When the ovaries stop producing the female hormone estrogen and a woman enters menopause, the b... changes in many ways. For example, bone may be lost faster than it can be replaced, causing the bones ... grow thinner and weaker. This thinning of the bones is called *osteoporosis*.
At the start, osteoporosis has no symptoms. However, as it gets worse, it can cause broken bones (fr... tures) leading to pain and disability. Fractures due to osteoporosis often occur in the spine, hip or w... Fractures of the spine are often painful, and over time they can cause height loss and deformity. The sp... can curve and the body can become bent over.
In addition to EVISTA, your doctor may recommend other ways to help prevent osteoporosis. These m... include taking calcium or vitamin D supplements, getting certain types of exercise, quitting smoking a... drinking less alcohol.
Other important information
If you experience any of the following conditions during treatment with EVISTA, please contact your doct...
• swelling of hands, feet or legs
• abnormal bleeding from the vagina
• breast pain or enlargement
• pregnancy
EVISTA also lowers the blood level of total and LDL ("bad") cholesterol, it does not raise triglycerides ... HDL ("good") cholesterol.
Unlike estrogens, EVISTA does not stimulate the breast or the uterus. If you experience vaginal bleed... or breast symptoms, you should see your doctor.
Keep this and all medicines out of the reach of children. In case of overdose, call your doctor, hospital ... poison control center immediately.
This summary gives you some important facts about your medicine. If you have any questions, ask y... doctor. If you want to read more, ask your doctor or pharmacist to give you the professional labeling.
Literature issued December 11,1997
... AMP [12119
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Indianapolis, IN 46285
USA
EVISTA® (raloxifene HCl)

EVISTA® (raloxifene HCl)

DONNA RICE

... from page 110

Hart. Within five days, he pulled out of the race and Rice was on the run.

"I couldn't get into my apartment in Miami. There were helicopters flying by and people with cameras renting boats," she says. "I basically ran for months. I'd be in one place for a few days, somebody would track me down and I'd leave."

The worst of it was watching her reputation go up in tabloid flames. "To me, credibility and reputation were the most important things," she says. "And now I was being called a slut, a low-life twit, a prostitute. When somebody is thrust into the spotlight overnight, there is no basis for perspective, especially if you are being cast as the other woman in a sex scandal."

If any of this sounds the least bit self-pitying, it is not delivered that way. In fact, Rice says she knew from day one that she was the author of her own dilemma. "I recognized that I'd made a mistake and that even though there were others who were certainly culpable, I wouldn't have been in this situation if I hadn't made certain choices that were against my own values."

Did the fallen candidate ever offer any solace? "No," she says, shaking her head. "I talked to him once about a month after it happened. He never apologized. I figured by the way I'd been treated that it didn't matter. It was hard but I think it would have been much harder if I wasn't having to deal with survival and finding out I was being sold out by friends. It was one injury on top of another every single day."

She did confront Lynn Armandt, who she believes betrayed her by taking the *Monkey Business* pictures and then selling them to the *National Enquirer*. "I finally got her on the phone and I was just hysterical," Rice says. "Here was someone I trusted who had done this. I've had to struggle with forgiving her. She caused so many people so much pain."

Adding to the craziness were a... the offers Rice was suddenly gettin... Publications wanted her story, an... some were willing to pay six figur... for it. But even as she hungered f... public redemption, she knew she w... navigating a minefield. She finall... went on the air with Barbara Wa... ters, and that quieted things for ... minute. But then Gary Hart got bac... in the race and the offers went wil... again. *Playboy* offered a blank chec... just for an interview—not for posin... she'd made it clear she wouldn't d... that. One television network, sh... says, even offered her a job.

"I sat in that TV meeting and the... said, 'So, what do you want to do... and I just broke down in tears," sh... remembers. "Here was my drean... come true—I'd always wanted to b... part of the media—and my life wa... falling apart. I did not want to exploi... the notoriety. I wanted the jobs be... cause I'm the best person for them... not because of who I am." *(continued*



Patient Choice

If you ignore it, maybe it will go away.

Today, most of us can ose the physicians who will vide our medical care, uding, importantly, the sur- n who will perform any eration we may need. It's way we can ensure that ll have the best possible ult from any medical proce- e. But Americans may not e this choice much longer. ange is coming to our ion's health care system, l changes now under con- eration could limit your nt to consult with the quali- l specialist of your choice.

At the American College Surgeons, we support initia- s to improve health care. believe maintaining patient ice is crucial to maintain- high standards of care.

That's why we think you should be fully informed about *all* the implications these proposed changes could have on the care provided to you and your family.

While you may not have thought about patient choice before today, we know that the next time you or someone in your family needs an operation, you'll want to be able to choose a surgeon who has the best skills and experience to perform the procedure. Don't let your freedom to choose get away from you. Get the facts. Be informed.

I'm concerned about retaining the right of patient choice and want to learn more about this issue. Please send me a free copy of your brochure on patient choice and important information on surgical care.

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SURVIVING THE ST[illegible]

As the scandal raged, Rice worried about her family back in South Carolina. Her parents were supportive but devastated. It was simply too much for them to handle. But her mother and grandmother nudged her back on her spiritual path.

"They kept saying, 'Before you make any decisions, get your life straight with God.' I said, 'Six-figure offers are being thrown at me every day. What has God got to do with it?' But I was in so much pain, and I wanted the pain to count for something. So I said, 'Okay, God, it took me falling on my rear end in front of the whole world for you to get my stubborn attention. The PR people, the lawyers, they say, "Donna, take the money and run because there is no hope for restoration of your credibility."' I knew the Bible well enough to know that everything could work for good, but I had to do it God's way, not mine."

In January 1988, seven months after the scandal broke, Rice went to the Washington, D.C., area at the invitation of some new friends and ended up staying there for five years. She had some savings, plus the fee she picked up for doing a No Excuses jeans ad. Although she says the tongue-in-cheek ad seemed like a good idea at the time, it ended up creating even more media furor. Rice was grateful for a place to hide out.

"It was great, a time of healing and restoration and working through the anger and the rage and the shock," she says. "During the storm itself, your adrenaline gets you through. But it's when the storm is over, when you're picking up the pieces, that the most devastating days can come. You worry, How am I going to have a life?"

About a year and a half after the storm finally subsided, Rice went into therapy. She says the turning point came in 1991, when she walked away from another offer, this one

"When I decided not to do it, I was able to let go of what the public thought of me and my reputation," she says. "There was great freedom in that. It was like, the people who know me know who I am, God knows who I am, and I'm guilty of a lot, but I'm forgiven."

Eager to get on with her life, Rice moved to Los Angeles to try to fulfill an old dream—working in the entertainment business. She and a girlfriend started their own production company and developed a concept for a TV series. By that time, she'd also met Jack Hughes on a blind date in Washington and they were dating cross-country.

"It's like living through a storm," Rice says of what she went through. "Nobody can imagine it."

"I liked him," she says, smiling, "but he wasn't my type. He was a really nice, solid guy who'd been divorced and had two kids. I was still gravitating toward the handsome hunks. He asked me to marry him, but I just couldn't commit. I didn't see how I could have a career back [in Washington]."

Finally, she says, just as Jack was on the verge of walking away forever, she decided to leave Los Angeles and make a go of it with him. They were married on May 7, 1994.

About her husband, Rice is quietly effusive. "He was willing to marry me even if I had a horrible reputation for the rest of my life," she says. "He said, 'This is who you are, and I love you.' There are no secrets between us. I told him everything I'd ever done. He was willing to take that on and it was a possible risk, given that he has a very successful career. He's a strong man who can let me be me."

Two months after she moved back to Washington, Rice met De Jepsen, the president of Enough s Enough and wife of former Senat Roger Jepsen. After some caref consideration Rice knew she'd fou her calling—ironically, back in t world from which she had so ign miniously tumbled.

Her crowning moment of rehab tation came when she delivered a le ture on the dangers of the Internet an educational session in the Sena building. Several senators were in a tendance, as was the media. "I h my hair pulled back in a twist a wore my little glasses and my su and practically no one recogniz me," she says. "I was very nervo but I had myself scripted."

And so today, while Gary Hart off in the shadows, Donna Ri walks the halls of Congress.

A NEW PERSPECTIVE

Now that she's older and wiser, c she imagine ever sending some me sages of amends to Lee Hart, wh like Hillary Clinton, has stood by h man all these years?

"It could happen," Rice says so ly. "But you just don't know wh the other person has been told."

About the Clintons, she is caref and nonjudgmental. "Clearly she making her own choices," Rice sa of Hillary Clinton. "From the w they have presented themselves to t public, they are aware of each other weaknesses. I believe in the toug love choice, and that is, there's boundary and you can't live this li if you're with me. I do believe yo can forgive if the other person admi there's been a mistake. I think it important not to look at the mistak people make but how they handl those mistakes. That is more of true test of who they are." •

Anne Taylor Fleming is a writer, TV commentator and the author of "Motherhood Deferred" (Ballantine, 1995).

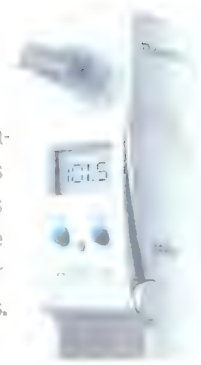
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My Life in a D Cup

For years, my breasts were my calling card, anywhere I did. Now, after three kids, I've finally ascended to the big leagues

By Holly Robinson

My love-hate relationship with my breasts began with stolen issues of *National Geographic*. I was eight years old and living in regulation Army housing in Fort Leavenworth, Kansas. John Flannagan, the boy in the apartment upstairs, would take the juiciest issues from his father's study and ferry them to my bedroom via a basket tied to a rope.

I would lean backward out of my window to see John framed in blue sky, his face flushed and a blond forelock nearly covering his blue eyes. "Hey," he would whisper. "Look at this."

"This" usually involved photographs of topless women. For a pair of kids eager to unlock the door separating us from adulthood, these pictures were harbingers of our future as adolescents, when John and I would clutch each other in a sweaty slow dance in a friend's musty basement.

At the time, however, the photos disappointed me. These women had pendulous, withered breasts the shape and texture of gourds left too long in our Thanksgiving cornucopia basket. They were nothing like my mother's firm missile cones, which were encased—even in sleep—in white bras with high-tensile seams.

I was granted my own breasts at age eleven. One day, there I was, wearing a sleeveless striped cotton shirt and roughhousing with my brother. The very next day, I was bustled off to a department store, where my mother bought my first "training" bra, an odd assemblage of stretchy "growing" cups and elastic straps, size AA. (What, I wondered, was I training my breasts to do?) The effect of this garment was to bind my breast buds to my rib cage.

"You're a real lady now," my mother pronounced, and bought me an ice-cream soda. Roller-skating around the neighborhood that summer, I was ever conscious of my new trappings. Strangely, though, no one noticed the change in me except my younger brother. "You've got an over-the-shoulder boulder holder!" he teased.

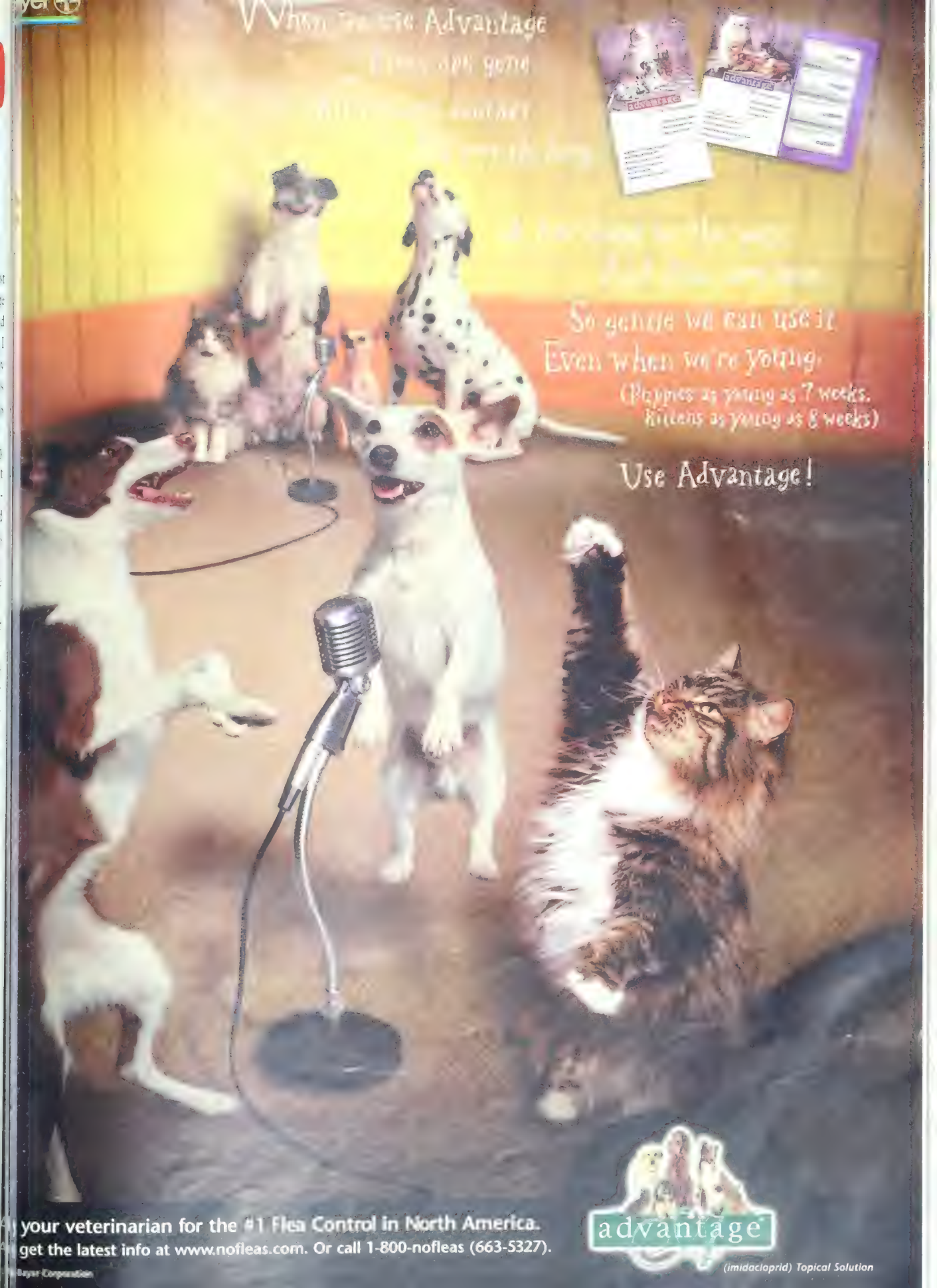
As it turns out, I was lucky to have a brother to prepare me for the chaos that ensued when I reached a B cup by age thirteen. Junior high was a gantlet of breast-seeking boys who would sneak up behind you at the water fountain to cop a quick feel, or pluck at your bra like a harp string as you huddled over an algebra book.

Still, the flat-chested girls had it worse. "You're a carpenter's dream, flat as a board," the boys teased. Or, "You're a pirate's treasure, a sunken chest." At least those of us who were well endowed had something—two somethings—that boys desperately wanted.

By high school, I was a C cup. In the small Massachusetts town where we now lived—my dad had retired from the service—I wrestled with boyfriend *(continued)*



The sorority of the well endowed includes (clockwise from top) Jane Russell, Sophia Loren, Jayne Mansfield and Dolly Parton


So gentle we can use it
Even when we're yelping.
(Puppies as young as 7 weeks.
Kittens as young as 8 weeks)
Use Advantage!
your veterinarian for the #1 Flea Control in North America.
get the latest info at www.nofleas.com. Or call 1-800-nofleas (663-5327).
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New Dial Antibacterial Hand Sanitizer. Kills 99.99% of germs instantly with the protection you trust most. No [illegible]. No towel required. Evaporates quickly. Leaves a cool, fresh scent. And even lightly moisturizes. So carry Dial protection wherever you go.



after boyfriend, following the shifting, complex rules that would let me play the game but keep my reputation.

"You can only touch me above the waist, under the clothes," I would pronounce in as prim a voice as I could muster lying on the hood of a car. Whether the boys were eager Houdinis unhooking my bra or shy beagles waiting for me to do it, I knew that my breasts were Eve's apples.

But they were also an underlying source of sorrow. Never mind that I got excellent grades, won horsemanship ribbons, was a responsible baby-sitter. None of this was visible. And so my breasts overshadowed my other accomplishments.

Men ogled me on the street, in crowded restaurants and even across my high-school stage, where I proudly played an emancipated slave in a musical directed by my Peace Corps–veteran English teacher. Proudly, that is, until I heard my teacher—who'd been my hero—tell a colleague that "they sure didn't build 'em like that in my day."

A mad crush on an older lifeguard ended in heartbreak when his sister confided that he wanted to go out with me—or rather, with my body. "He says you're not much in the face," she reported, "but you've got a great body."

"Just what is it about breasts that drives men so crazy?" I once asked my husband, who still waits in bed every morning just so he can watch me emerge naked from the shower.

"Why do female peacocks prefer males with big tail displays? My brain is wired to love them," my husband, an otherwise sensible engineer, admitted sheepishly.

"Sometimes I wish I could just take my breasts off and give them to my husband to play with," a friend recently said with a sigh.

Another friend agreed. "It's a very separate thing, the relationship my husband has with my breasts. Sometimes I resent the objectification."



Loren checks out the competition at a 1957 Hollywood party.

In college, I watched in envy as ghostly Kate Moss types in tank tops jogged braless across campus without knocking themselves out. On the other hand, I was beginning to learn when it was to my advantage to trot out my breasts.

I finally made peace with my D cup in my twenties. At work, I wore discreet suits and dresses. But I kept an armory of V-neck sweaters, low-cut dresses and push-up bathing suits for those times when I needed the "Big Guns," as one boyfriend put it. After graduate school, I moved to San Francisco and discovered lingerie, investing in waist-nipping bustiers, eye-popping underwires and even a red leather bra with ornamental zippers. At last, I felt I owned my breasts; they no longer owned me.

And then, at thirty, I got pregnant. That's when my breasts and, consequently, my world view, changed forever.

"It says here that my breasts may grow by as much as two cup sizes," I moaned to my husband, showing him a book on pregnancy. "Do they even make an F cup?"

As it turned out, they did. It was not a pretty sight. All I could think of was the unharnessed breast I had once seen in a Woody Allen movie, rolling across the countryside, flattening cars.

[illegible] pregnancy bras took up more drawer space than all of my socks. Then, soon after the baby arrived, my breasts turned to rocks and tripled in size. My brother's "over-the-shoulder boulder holder" quip returned to haunt me. I felt as though I wore the cliff face of El Capitan strapped between my chin and rib cage.

Nonetheless, I was determined to breast-feed. For just as breasts symbolize sexuality, they are the flagship of motherhood. As such, mine were triumphantly out of control, spraying anyone within a two-foot range when I unleashed them from their harness.

I finally understood that every woman's breasts—even Madonna's—are really sacs of fatty and connective tissue housing some of nature's most complex plumbing.

These days, nursing my third child, I serve as a walking, talking *National Geographic* special for my older kids. With each pregnancy, I have experienced the shock of having my breasts overtake my body. And each birth has reminded me that those lactation gurus are liars: Nursing *does* change your breasts, perhaps even more than that old bugaboo, gravity.

My breasts now resemble, more than I usually care to admit, the pendulous bags of those women from *National Geographic*. I feel a pang when I compare them to the adventurous bosom of my twenty-year-old self, marching off to conquer her next dance party.

On the other hand, I've finally realized that my breasts belong to my baby, my husband and, yes, to me as well. I love seeing my baby sated and smiling, eyes rolling heavenward with the earthly pleasure of a full belly. I feel, at times, like the great multi-breasted mother goddess, Artemis of Ephesus. I could feed a nation. But I'm also keeping my lingerie drawer stocked. I intend to produce showstopping cleavage well into my eighties. ●

Holly Robinson is a frequent contributor to Ladies' Home Journal.



Depression shatters.

Depression breaks lives apart. It hurts the person who's depressed. And it's also painful for the people who love them.

You see, depression isn't "all in your head." It's a real illness with real causes. But the good news is that it can be treated.

Some people think you can just will yourself out of a depression. That's not true. Many doctors believe that one thing that may depression is an imbalance of serotonin hemical in your body. If this happens, you trouble sleeping. Feel unusually sad or hard to concentrate. Lose your nergy. Or have trouble feeling pleasure. These are some of the symptoms tha can point to depression – especially if they last for more than a couple of weeks and if normal everyday life feels like too much to handle.

To help fight depression, the medicine doctors now prescribe most often is Prozac®. Prozac isn't a "happy pill." It's not a tranquilizer. It won't turn you into a different person.

Some people do experience mild side effects, like upset stomach, headaches, difficult sleeping, drowsiness, anxiety and nervousness. These tend to go away within a few weeks of starting treatment, and usually aren't serious enough to make most people stop taking it.



Prozac can help.

wever, if you are concerned about
ct, or if you develop
y away. And don't forget
out any other medicines you are taking. Some
ple should not take
ple on MAO inhibitors.

As you start feeling
gest therapy or other
rk through your
efully studied for
member, Pro
d it isn't right for
decide if Pro
for someone

prescribed for more than 10 million Americans.
Prozac can help you feel like yourself again.
Because when you feel like yourself,

prozac

Welcome back.

Prozac®
fluoxetine hydrochloride

Brief Summary. Consult the package insert for complete information.

Indications

Contraindications

patients who have recently discontinued fluoxetine and are then started on an MAOI. Some cases presented with features resembling neuroleptic malignant syndrome.

least 5 weeks or longer fluoxetine has been prescribed chronically and/or at

of 10,782 patients developed various types of rashes and/or urticaria. Among the cases reported in premarketing clinical trials, almost a third of these discontinued therapy because of rash and/or associated systemic signs or symptoms. Reported in association with rash were fever, leukocytosis, arthralgias, edema, carpal tunnel syndrome, respiratory distress, lymphadenopathy, proteinuria, and mild transaminase elevation. Most patients improved promptly upon discontinuation of fluoxetine and/or adjunctive treatment with antihistamines or steroids, and all were reported

Of 2 patients who developed a serious cutaneous systemic illness during premarketing clinical trials, 1 was considered to have a leukocytoclastic vasculitis, and the other, a severe desquamating syndrome considered variously to be a vasculitis or erythema multiforme. Other patients have had systemic syndromes suggestive of serum sickness.

Since the introduction of Prozac, systemic events possibly related to vasculitis have developed in patients with rash. Although these events are rare, they may be serious, involving the lung, kidney, or liver. Death has been reported to occur in association with these systemic events.

Anaphylactoid events, including bronchospasm, angioedema, and urticaria alone and in combination, have been reported.

Pulmonary events, including inflammatory processes of varying histopathology and/or fibrosis, have been reported rarely. These events have occurred with dyspnea as the only preceding symptom.

Whether these systemic events and rash have a common underlying cause or are due to different etiologies or pathogenic processes is not known. Upon the appearance of rash or of other possibly allergic phenomena for which an alternative etiology cannot be identified, Prozac should be discontinued.

Precautions:—*General*—The following events occurred in controlled clinical trials. See Tables 1 and 2 also

- *Altered Appetite and Weight*—Significant weight loss may be an undesirable result of treatment. Weight change should be monitored during treatment of bulimia.
- *Activation of Mania/Hypomania*—In all US Prozac clinical trials, reported by 0.7% of 10,782 patients.
- *Seizures*—Introduce Prozac with care in patients with a history of seizures. In all US Prozac clinical trials, 0.2% of 10,782 patients reported convulsions.
- *Suicide*—Close supervision of high-risk patients should accompany initial drug therapy.

long elimination half-lives of the parent drug (1 to 3 days after acute administration and 4 to 6 days after chronic administration) and its major active metabolite (4 to 16 days after acute and chronic administration); changes in dose will not be fully reflected in plasma for several weeks, affecting both strategies for titration to final dose and withdrawal from treatment.

- *Use in Patients With Concomitant Illness*—Caution is advisable in patients with diseases or conditions that could affect metabolism or hemodynamic responses.
- *Interference With Cognitive and Motor Performance*—Patients should be cautioned about operating hazardous machinery, including automobiles, until they are reasonably certain that the drug does not affect them adversely.
- *Information for Patients*—Physicians should advise their patients to notify them

– are taking or plan to take any prescription or over-the-counter drugs or alcohol.
– become pregnant or intend to become pregnant during therapy.
– are breast feeding an infant.
– develop a rash or hives.

- *Drug Interactions*

– Drugs Metabolized by P450IID6—Therapy with medications that are predominantly metabolized by the P450IID6 system, especially those that have a relatively narrow therapeutic index (eg, flecainide, vinblastine, and tricyclic antidepressants) should be initiated at the low end of the dosage range if a patient is receiving fluoxetine concurrently or has taken it in the previous 5 weeks. Alternately, the addition of fluoxetine to the treatment regimen of a patient already receiving a drug metabolized by P450IID6 may require a decreased dose of the original medication.

– Drugs Metabolized by Cytochrome P450IIIA4—Data indicate that fluoxetine's extent of inhibition of cytochrome P450IIIA4 activity is not likely to be of clinical significance.

– CNS Active Drugs—Caution is advised. Consideration should be given to using lower initial doses of the concomitantly administered drugs, using conservative titration schedules, and monitoring of clinical status.

Anticonvulsants—Patients on stable doses of phenytoin and carbamazepine have developed elevated plasma anticonvulsant concentrations and clinical anticonvulsant toxicity.

Antipsychotics—Some clinical data suggest a possible pharmacodynamic and/or pharmacokinetic interaction between SSRIs and antipsychotics.

Benzodiazepines—The half-life of concurrently administered diazepam may be prolonged in some patients. Coadministration of alprazolam and fluoxetine has resulted in increased alprazolam plasma concentrations and in further psychomotor performance decrement due to increased alprazolam levels.

Lithium—There have been reports of both increased and decreased lithium levels and lithium toxicity.

Tryptophan—Five patients receiving tryptophan experienced adverse reactions including agitation, restlessness, and gastrointestinal distress.

Other Antidepressants—Previously stable plasma levels of imipramine and desipramine have increased greater than 2- to 10-fold when concomitantly administered with fluoxetine.

– Drugs Tightly Bound to Plasma Proteins—A shift in plasma concentrations or displacement of fluoxetine may result in adverse effects.

– Anticoagulants—Reports of altered anticoagulant effects, including increased bleeding. Careful coagulation monitoring is recommended when fluoxetine is initiated or stopped.

– Electroconvulsive Therapy—Rare reports of prolonged seizures in patients on fluoxetine receiving ECT.

- *Carcinogenesis, Mutagenesis, Impairment of Fertility*—There is no evidence of carcinogenicity, mutagenicity, or impairment of fertility with Prozac.
- *Pregnancy*—*Pregnancy Category C*—In embryo-fetal development studies in rats and rabbits, there was no evidence of teratogenicity at doses of up to 15 and 3.6 times, respectively, the MRHD (maximum recommended human dose) of 80 mg

treated at 1.5 times the MRHD, there was no evidence of developmental neurotoxicity. However, in rat reproduction studies, an increase in stillborn pups, a decrease in pup weight, and an increase in pup deaths during the first 7 days postpartum occurred following maternal exposure to 1.5 or 0.9 times the MRHD on a mg/m² basis during gestation or gestation and lactation, respectively. Prozac should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

[illegible]—The effect of Prozac is unknown. Prozac should be used only if the potential benefit justifies the potential risk to the fetus.

- *Nursing Mothers*—Prozac is excreted in human milk. Nursing while on Prozac is not recommended.
- *Pediatric Use*—Safety and effectiveness in pediatric patients have not been established.
- *Usage in the Elderly*—Evaluation of patients over age 60 who received Prozac, 20 mg daily, revealed no unusual pattern of adverse events relative to the clinical experience in younger patients. However, these data are insufficient to rule out possible age-related differences during chronic use, particularly in elderly patients with concomitant systemic illnesses or those receiving concomitant drugs.
- *Hyponatremia*—Hyponatremia (some cases with serum Na lower than 110 mmol/L) has been reported which appeared to be reversible on drug discontinuation. Some cases were possibly due to SIADH, and the majority have been in older patients and those taking diuretics or who were otherwise volume depleted.
- *Platelet Function*—Rare reports of altered platelet function and/or abnormal results from laboratory studies in patients taking fluoxetine. While there have been reports of abnormal bleeding in several patients taking fluoxetine, it is unclear whether fluoxetine had a causative role.

Adverse Reactions: It is important to emphasize that events reported during therapy were not necessarily caused by it.

Incidence in US Placebo-Controlled Clinical Trials (excluding data from extensions of trials)—Table 1 enumerates pooled data on treatment-emergent adverse events that occurred in 2% or more patients treated with Prozac and with incidence greater than placebo in the treatment of depression, OCD, or bulimia. See full prescribing information for table of treatment-emergent adverse events for each indication.

Table 1.

TREATMENT-EMERGENT ADVERSE EVENTS
INCIDENCE IN US DEPRESSION, OCD, AND BULIMIA
PLACEBO-CONTROLLED CLINICAL TRIALS

	Percentage of Patients Reporting Event	
	Depression, OCD, and bulimia combined	
Body System/ Adverse Event*	Prozac (N=2444)	Placebo (N=1331)
Body as a Whole		
Headache	21	20
Asthenia	12	6
Flu Syndrome	5	4
Fever	2	1
Cardiovascular System		
Vasodilatation	3	1
Palpitation	2	1
Digestive System		
Nausea	23	10
Diarrhea	12	6
Anorexia	11	3
Dry mouth	10	7
Dyspepsia	5	5
Flatulence	3	2
Vomiting	3	2
Metabolic and Nutritional disorders		
Weight loss	2	1
Nervous System		
Insomnia	20	11
Anxiety	13	8
Nervousness	13	9
Somnolence	13	6
Dizziness	10	7
Tremor	10	3
Libido decreased	4	—
Respiratory System		
Pharyngitis	5	4
Yawn	3	—
Skin and Appendages		
Sweating	8	3
Rash	4	3
Pruritus	3	2
Special Senses		
Abnormal vision	2	1

*Included are events reported by at least 2% of patients taking Prozac, except the following events, which had an incidence on placebo ≥ Prozac (depression, OCD, and bulimia combined): abdominal pain, abnormal dreams, accidental injury, back pain, chest pain, constipation, cough increased, depression (includes suicidal thoughts), dysmenorrhea, gastrointestinal disorder, infection, myalgia, pain, paresthesia, rhinitis, sinusitis, thinking abnormal.
—Incidence less than 1%.



Associated With Discontinuation in US Placebo-Controlled Clinical Trials (excluding data from extensions of trials)—Table 2 lists the adverse events associated with discontinuation of Prozac treatment (incidence at least twice that for placebo and at least 1% for Prozac in clinical trials) in depression, OCD, and bulimia.

Other Events Observed In All US Clinical Trials—Frequent adverse events are defined as those occurring on 1 or more occasions in at least 1/100 patients; infrequent adverse events are those occurring in 1/100 to 1/1,000 patients; rare events are those occurring in less than 1/1,000 patients.

MOST COMMON ADVERSE EVENTS ASSOCIATED WITH DISCONTINUATION IN US DEPRESSION, OCD, AND BULIMIA PLACEBO-CONTROLLED CLINICAL TRIALS

Depression, OCD, and bulimia combined	Depression	OCD	Bulimia
—	—	Anxiety (2%)	
Insomnia (1%)	Insomnia (1%)	—	Insomnia (2%
—	Nausea (1%)	—	
Nervousness (1%)	Nervousness (1%)	—	
—	—	Rash (3%)	

Body as a Whole—*Frequent:* chills; *Infrequent:* chills and fever, fa[illegible], intentional overdose, malaise, pelvic pain, suicide attempt; *Rare:* a[illegible] syndrome acute, hypothermia, intentional injury, neuroleptic malignant s[illegible], photosensitivity reaction.

Cardiovascular System—*Frequent:* hemorrhage, hypertension; *I[illegible]* angina pectoris, arrhythmia, congestive heart failure, hypotension, [illegible] myocardial infarct, postural hypotension, syncope, tachycardia, vascular [illegible]; *Rare:* atrial fibrillation, bradycardia, cerebral embolism, cerebral [illegible], cerebrovascular accident, extrasystoles, heart arrest, heart block, pallor, [illegible] vascular disorder, phlebitis, shock, thrombophlebitis, thrombosis, va[illegible], ventricular arrhythmia, ventricular extrasystoles, ventricular fibrillation.

Digestive System—*Frequent:* increased appetite, nausea and [illegible]; *Infrequent:* aphthous stomatitis, cholelithiasis, colitis, dysphagia, e[illegible], esophagitis, gastritis, gastroenteritis, glossitis, gum hemorrhage, hyperch[illegible], increased salivation, liver function tests abnormal, melena, mouth u[illegible], nausea/vomiting/diarrhea, stomach ulcer, stomatitis, thirst; *Rare:* bili[illegible], bloody diarrhea, cholecystitis, duodenal ulcer, enteritis, esophageal u[illegible], incontinence, gastrointestinal hemorrhage, hematemesis, hemorrhage [illegible], hepatitis, intestinal obstruction, liver fatty deposit, pancreatitis, peptic ul[illegible], hemorrhage, salivary gland enlargement, stomach ulcer hemorrhag[illegible], edema.

Endocrine System—*Infrequent:* hypothyroidism; *Rare:* diabetic [illegible], diabetes mellitus.

Hemic and Lymphatic System—*Infrequent:* anemia and ecchymo[illegible], blood dyscrasia, hypochromic anemia, leukopenia, lymphedema, lympl[illegible], petechia, purpura, thrombocythemia, thrombocytopenia.

Metabolic and Nutritional—*Frequent:* weight gain; *Infrequent:* dyt[illegible], generalized edema, gout, hypercholesteremia, hyperlipemia, hypo[illegible], peripheral edema; *Rare:* alcohol intolerance, alkaline phosphatase increa[illegible], increased, creatine phosphokinase increased, hyperkalemia, hyperu[illegible], hypocalcemia, iron deficiency anemia, SGPT increased.

Musculoskeletal System—*Infrequent:* arthritis, bone pain, bursitis, le[illegible], tenosynovitis; *Rare:* arthrosis, chondrodystrophy, myasthenia, myopathy, [illegible], osteomyelitis, osteoporosis, rheumatoid arthritis.

Nervous System—*Frequent:* agitation, amnesia, confusion, emotion[illegible], sleep disorder; *Infrequent:* abnormal gait, acute brain syndrome, akathisi[illegible], ataxia, buccoglossal syndrome, CNS depression, CNS stim[illegible], depersonalization, euphoria, hallucinations, hostility, hyperkinesia, hyp[illegible], hypesthesia, incoordination, libido increased, myoclonus, neuralgia, ne[illegible], neurosis, paranoid reaction, personality disorder,* psychosis, verti[illegible], abnormal electroencephalogram, antisocial reaction, circumoral paresthes[illegible], delusions, dysarthria, dystonia, extrapyramidal syndrome, fo[illegible], hyperesthesia, neuritis, paralysis, reflexes decreased, reflexes increased, [illegible].

Respiratory System—*Infrequent:* asthma, epistaxis, hiccup, hyper[illegible]; *Rare:* apnea, atelectasis, cough decreased, emphysema, hem[illegible], hypoventilation, hypoxia, larynx edema, lung edema, pneumothorax, stridi[illegible].

Skin and Appendages—*Infrequent:* acne, alopecia, contact dermatitis, [illegible], maculopapular rash, skin discoloration, skin ulcer, vesiculobullous ra[illegible]; *Rare:* furunculosis, herpes zoster, hirsutism, petechial rash, psoriasis, purpu[illegible], pustular rash, seborrhea.

Special Senses—*Frequent:* ear pain, taste perversion, tinnitus; *Infr[illegible]*, conjunctivitis, dry eyes, mydriasis, photophobia; *Rare:* blepharitis, d[illegible], diplopia, exophthalmos, eye hemorrhage, glaucoma, hyperacusis, iritis, [illegible], scleritis, strabismus, taste loss, visual field defect.

Urogenital System—*Frequency:* urinary frequency; *Infrequent:* al[illegible], albuminuria, amenorrhea,† anorgasmia, breast enlargement, breast pain, [illegible], dysuria, female lactation,† fibrocystic breast,† hematuria, leuki[illegible], menorrhagia,† metrorrhagia,† nocturia, polyuria, urinary incontinence, [illegible] retention, urinary urgency, vaginal hemorrhage†; *Rare:* breast engor[illegible], glycosuria, hypomenorrhea,† kidney pain, oliguria, priapism,† [illegible], hemorrhage,† uterine fibroids enlarged.†

*Personality disorder is the COSTART term for designating nonag[illegible] objectionable behavior.

†Adjusted for gender.

Postintroduction Reports—Voluntary reports of adverse events te[illegible] associated with Prozac that have been received since market introduction [illegible] may have no causal relationship with the drug include the following: [illegible], anemia, atrial fibrillation, cerebral vascular accident, cholestatic ja[illegible], confusion, dyskinesia (including, for example, a case of buccal-lingual-ma[illegible] syndrome with involuntary tongue protrusion reported to develop in a 77 [illegible] female after 5 weeks of fluoxetine therapy and which completely resolved [illegible] next few months following drug discontinuation), eosinophilic pne[illegible], epidermal necrolysis, erythema nodosum, exfoliative dermatitis, gynec[illegible], heart arrest, hepatic failure/necrosis, hyperprolactinemia, immune[illegible], hemolytic anemia, kidney failure, misuse/abuse, movement disorders deve[illegible] patients with risk factors including drugs associated with such eve[illegible] worsening of preexisting movement disorders, neuroleptic malignant sy[illegible], like events, pancreatitis, pancytopenia, priapism, pulmonary embol[illegible], prolongation, Stevens-Johnson syndrome, sudden unexpected death, [illegible], ideation, thrombocytopenia, thrombocytopenic purpura, vaginal bleeding e[illegible], withdrawal, and violent behaviors.

Overdosage: Prominent symptoms of overdose included nausea and vor[illegible], well as agitation, restlessness, hypomania, and other signs of CNS excitat[illegible].

In managing overdosage, consider the possibility of multiple drug invo[illegible]. A specific caution involves patients taking or recently having taken fluoxe[illegible] might have ingested excessive quantities of a TCA. Accumulation of th[illegible] tricyclic and an active metabolite may increase the possibility of clinically si[illegible] sequelae and extend the time needed for close medical observation (s[illegible] Antidepressants *under* Precautions).

Reports of death attributed to overdosage of fluoxetine alone ha[illegible] extremely rare.

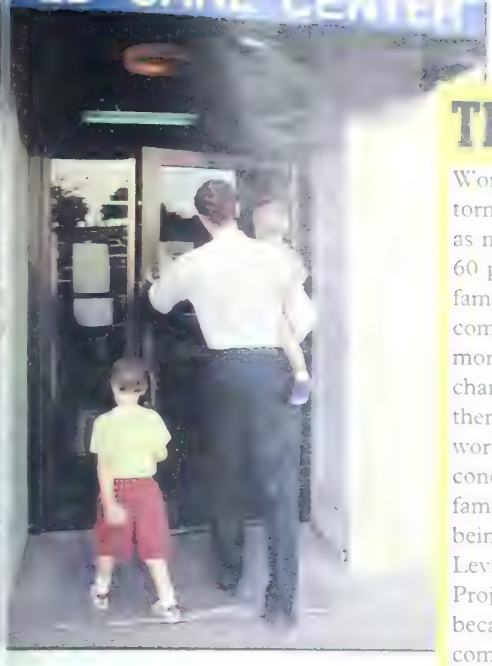
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Additional information available to the profession on request

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free fun

IS A SHORTAGE OF TIME or money preventing you from having fun with your family? Nonsense, says Gary Krane, Ph.D., author of *Simple Fun For Busy People* (Conari Press, 1998). All you need is a little ingenuity, as proven by these two activities inspired by his book:

FAMILY OLYMPICS So what if thumb-wrestling, penny pitching and wastebasket free throw aren't slated for the Sydney Olympic Games in 2000? The world's loss can be your family's gain. Come up with seven more quasi-competitive contests—both individual and team events. For the medal awards ceremony, everyone can help make medallions.

ONCE UPON A [illegible] Passersby make the best fodder for tall tales. Next time you drive by someone with a weird hat or an odd assortment of bumper stickers, make up a story in which he or she is the star. —John Loecke

THE WORKING FATHER'S DILEMMA

Working moms aren't the only ones torn between home and office. Just as many working dads—almost 60 percent—fret about juggling family and career. Yet, while many companies strive to create more-family-friendly workplaces, the changes have largely served to make them more *mother*-friendly only. "At work, men hesitate to voice parental concerns and request time off for family matters because they still fear being stigmatized," says James Levine, director of The Fatherhood Project, in New York City. "And because men rarely speak out, companies often assume men don't have such concerns."

If your husband is dealing with a painful work-family conflict, here are courses of action you can suggest:

Don't presume, ask. Your husband [illegible] never know whether his supervisors are willing to make allowances in his hours or schedule unless he inquires. His bosses—many no doubt parents themselves—might be more sympathetic than he thinks.

Go to Human Resources. If his managers aren't keen on making special arrangements on a casual basis, they might be more receptive if your husband begins a formal flex-time arrangement. Personnel can explain company policy and how it has worked for others.

E-mail for help. The Fatherhood Project (*levinej@aol.com*) knows other options, some of which are featured in *Fatherhood USA*, a PBS special airing mid-June (check local listings). —Aimee Kendall

DADDY, CAN YOU SPARE A DIME?

Although more long-distance calls are made on Mother's Day than on any other holiday, Father's Day holds a record, too—it sees the most *collect* calls, reports AT&T.



Making GOOD-BYE easier

Little Sally is moving away, which means she has a big adjustment ahead of her. But what about the best buddy she leaves behind? "A relocation is often harder for the friend who remains," says Beth Feldman, Ph.D., a clinical psychologist at Long Island Jewish Medical Center, in New Hyde Park, New York. "The one who is moving will have new experiences to help ease the pain of separation. The other is left with a void that may seem impossible to fill."

To help kids cope, Feldman suggests parents have a heart-to-heart with them. Share any similar experiences you've endured. "Your stories will reassure your child that although nothing can replace old friendships, she'll have plenty of chances to make new pals," she says.

Also, encourage the kids to make concrete plans for keeping in touch. Help them set up a schedule for phone calls, E-mails and visits. And have them exchange scrapbooks filled with drawings, snapshots and other mementos—and blank pages for the good times to come. —Liza N. Burby

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For complete rules and details on how to enter, see page 170.

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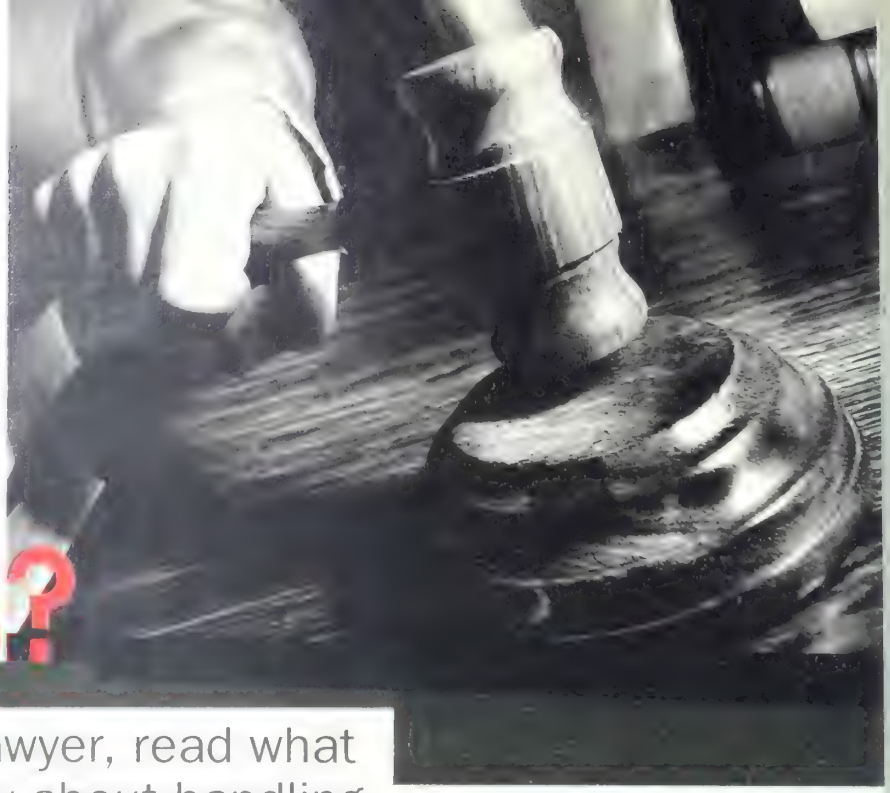


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A Job Well Done.

Do You Know Your Rights?



Before you call a lawyer, read what experts have to say about handling everyday legal situations. (You may not need to make that call after all.)

By Stephanie B. Goldberg, J.D.

Although most of us will never find ourselves on the wrong side of the law, there are common legal dilemmas that crop up in day-to-day life: a bent fender, shoddy merchandise or a dispute with a neighbor. The good news is that you don't always have to go to court to see justice done. We asked attorneys for advice on everyday legal problems—and their answers may surprise you. (Keep in mind that laws vary from state to state.)

Your neighbor borrows your lawn mower and keeps "forgetting" to return it. Do you have to sue him to get it back?

In cases like these, Mississippi lawyer Cora Jordan, author of [illegible] recommends sending a certified letter to your neighbor, asking him to return your mower by a specified date. "It tells him you mean business, and it's proof that you made an attempt to solve this on your own," she says. If he still won't return the mower, you can go through mediation to keep the quarrel from escalating to all-out war. Most cities have free or low-cost mediation centers where disputing parties can work things out in the presence of a mediator (or "neutral party"), whose job is to keep things civil.

As a last resort, you can take your neighbor to small-claims court. Bring a copy of the certified letter and the receipt, a record of your mediation attempt, proof of ownership and, if you can, a photograph of the neighbor using the mower. Keep in mind that you'll probably be awarded money rather than the machine itself.

Whatever happens, don't try solving the problem by taking the mower from your neighbor's yard. You could be arrested for trespassing and find yourself in an even bigger mess.

Your daughter is being sexually harassed by a bunch of boys in her class. What legal recourse do you have?

Plenty, according to Sylvia Cedillo, a lawyer from Austin, Texas, who heads a program for the Texas Civil Rights Project called Stop Harassment in Public Schools. First, get the specifics from your child: Is the harassment verbal or physical? How often has it happened? Has she told her teachers or principal about it? You might try speaking to the school officials first. If they don't take steps to stop the harassment, you can take stronger measures. Cedillo advises that either you or your daughter should present a formal written complaint to school authorities.

Public schools and educational institutions receiving federal funds have a duty under Title IX of the 1972 Federal Educational Amendments to prevent gender discrimination. As the new guidelines from the U.S. Department of Education's Office for Civil Rights state clearly, that includes preventing serious and pervasive *(continued on page 130)*



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What if the problem persists? Says Cedillo, "You should definitely see a lawyer if she experiences retaliation, if the people she's accused aren't disciplined or if the environment is so infected with harassment" that it affects your child's classroom performance. In these instances, you may have a valid case against the school, depending on the court system where you live.

A driver dents your fender and promises to pay for repairs, but asks you not to make a police report because he's afraid his insurance premiums will go up. Is that legal?

Honesty is still the best policy, according to Atlanta litigation lawyer Timothy Buckley. "Some jurisdictions require that all damage above a certain dollar amount be reported to the police," he says.

Regardless of your duty under the law, your insurance policy probably demands that you report any incident to the insurer within a reasonable amount of time. In that case, having a police report will support your version of the facts, and it will help if for some reason the other driver disappears without paying for the damage. Says Buckley, "My rule of thumb is to report it to the police and then call the insurer that same day." Even if it means raised premiums, it's worth the headache to know you're protected in the event of a lawsuit.

Your child was bitten by the terrier down the street, but the owner denies responsibility. How can you get her to pay the medical bills?

"Before getting involved in litigation," says Philip H. Corboy, a personal-injury trial lawyer based in Chicago, "submit a claim to your insurance company. Most will cover it, and that's what you have insurance for."

If you're not covered, or if the damages exceed your compensation, then you can consider suing the owner for the bills, as well as for your child's pain and suffering. At one time, dog owners were entitled to "one free bite"—that is, they had the benefit of the doubt if the animal had never bitten before. Since then, says Corboy, many states have abolished that rule, so an owner can be held liable for a first attack. However, if your child was at fault—teasing or hurting the dog—you probably won't win.

You take your best dress to be dry-cleaned, and it comes back ruined. The cleaner refuses to pay for it. What can you do?

Unfair as it seems, it's sometimes best just to accept your loss and buy a new dress. Proving that a dry cleaner has damaged an item of clothing involves spending time and money to have the garment analyzed by an expert such as the International Fabricare Institute, in Silver Spring, Maryland. Lara Schneider, former director of communications for the institute, says that shoddy manufacturing, not negligent cleaning, is often to blame when clothes shrink, or when colors fade or bleed.

But if you have proof that the dry cleaner was indeed at fault, you can take him to small-claims court. Don't expect the judge to award you enough for a new wardrobe, however. Says lawyer Cora Jordan, "The dry cleaner may have to make good, but the amount is likely to be less than you thought, because the garment is used."

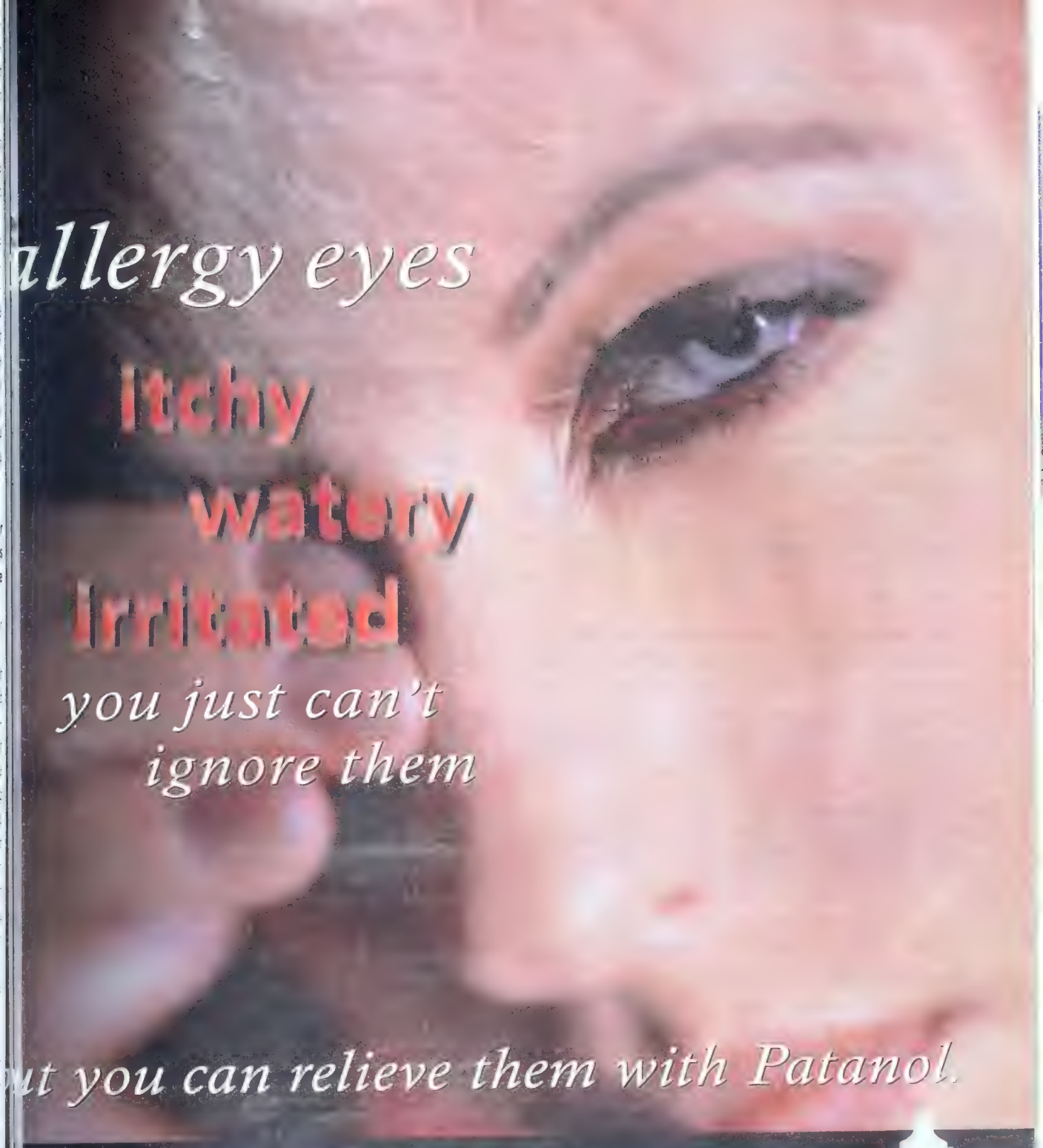
The school principal says your son's long hair violates the dress code and has suspended him until he cuts it. Is that fair?

Your son may not have to get that haircut, says Tyll van Geel, J.D., Ed.D., professor of the Warner Graduate School of Education and Human Development at the University of Rochester, in New York. Not every court agrees that schools have the right to regulate student clothing and hairstyles, except when there are practical matters involved—for instance, if the child takes shop class, where long hair might get caught in the machinery and cause a severe injury. Your local American Civil Liberties Union (ACLU) branch can tell you more about the laws in your state.

Van Geel adds that schools *are* permitted to ban clothing that involves a public safety risk, most notably gang colors or insignia, in the interest of maintaining an atmosphere of discipline and learning.

You buy a new car that turns out to be a lemon. Are you stuck with it for good?

Not necessarily, says Robert Graham, former staff attorney for the Center for Auto Safety, in Washington, D.C. But to be considered a true lemon under the law, a vehicle has to require three to *(continued)*



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How should I store PATANOL?
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eporter interviews you about your : achievements—and then the paper identally transposes your name and ress with that of a woman arrested drunk driving. Should you sue the lication for libel?

›etter solution: Ask the editor-chief for a correction or ·ification, says Sandra Baron, cutive director of the Libel De-se Resource Center, in New k City, a clearinghouse for First endment issues that involve the dia. If you're worried that cer- people won't see the follow- ask the editor for a letter nowledging the mistake. A libel is an expensive, time-consuming ısure that should be pursued as ıst resort, and only if you have fered substantial, verifiable ıages—like losing your job as a ·ct result of the error that was ıted about you. A lawsuit might be justified in very rare cases he paper intentionally said ıething defamatory about you : can be proven false.

The day after signing a two-year contract with an expensive new health club, you have a change of heart. Can you get out of the deal at this point?

Yes—*if* your state allows a "cooling-off period" for this type of contract. Generally, though, you'll have no more than three days to cancel. After that, the only way to get your money back is to go to small-claims court, says Erica Garay, a commercial litigator from Uniondale, New York. But you'll have to have a compelling reason to void the contract (other than being too lazy to exercise!). The court may rule in your favor if, say, the gym advertised a swimming pool that didn't exist.

To avoid this situation, check out the club first (some offer a trial period). Take the contract home to read before signing it, and don't feel obligated to join if you feel pressured. If there's a feature of the gym that's especially important to you, have it written into the contract that this service will be made available to you on a regular basis.

You're a witness to a shooting, and you're afraid of getting involved. Do you have to talk to the police?

Most states have laws dealing with the failure to cooperate with the po-ıce, which is called the "misprision of a felony." But those laws are rarely enforced, says Neal R. Sonnett, a former assistant U.S. attorney who is now one of Miami's top criminal-defense lawyers.

Still, you may not have a choice—if the district attorney knows you were a witness to a murder or other felony, you may be subpoenaed to testify in front of a grand jury. There, you'll have to tell the truth, or else risk being charged with contempt or even perjury. Consider this, too: If you or a family member were attacked, wouldn't you want a reliable witness to "get involved" by coming forward and helping bring the criminal to justice? •

Stephanie B. Goldberg, J.D., is a legal-affairs writer based in Chicago.





Even the sweetened stuff can make a big health difference—but low sugar, high fiber is best

What's For Breakfast?

If your busy schedule or your weight-loss regimen has you skipping breakfast, here are some reasons to sit down and pour yourself a bowl of cereal instead:

- New findings from The Cooper Institute for Aerobics Research, in Dallas, indicate that adults who eat cereal regularly for breakfast consume less saturated fat and total fat each day. They also have a lower intake of dietary cholesterol and get more fiber than those who eat other foods for breakfast or skip the meal altogether.
- A recent study from Michigan State University, in East Lansing, shows that women who eat cereal with milk for breakfast pick up 20 percent more calcium daily than those who don't eat this breakfast.
- Research from Harvard University School of Public Health, in Boston, shows that women who get plenty of folate and vitamin B_6 can reduce their risk of heart disease. Fortified cereals provide both. —Anna Roufos

THE BEST MAMMOGRAMS

How can you ensure that your mammogram is as accurate as possible? For one thing, you need to forgo using white deodorant or powder the day of your test, since the flakes can appear on the film. But you also need to schedule your screenings at the right time of the month. Researchers at the University of Toronto evaluated data from 8,887 women in their forties, an age when breast tissue is still quite dense, causing many inaccurate readings. They discovered that women who had the test during the second half of their cycles ran twice the risk of a false-negative result. The theory on why? During the last two weeks of your menstrual cycle—starting roughly fourteen days after the onset of your period—breasts tend to swell with fluid and have increased cellular activity, both of which make abnormalities harder to see. Many women already get tested during the first two weeks because doctors point out that less-swollen breasts make the exam more comfortable. —Aimee Kendall

Soak Up Some Rays

You know about the dangers of the sun, but were you aware that a little sun is actually good for you? Researchers say you should expose your face, hands, arms—sans sunscreen—for ten to fifteen minutes a day. While that's not enough ultraviolet light to harm your skin, it's all you need to stimulate your body to produce vitamin D. Getting the requisite amount of that nutrient—up to 600 IU per day—through food alone is hard because there are few good sources (there's a little in eggs and milk), and yet it's critical: Vitamin D helps you absorb bone-building calcium. And early research suggests that vitamin D deficiency is linked to breast and other cancers. But beware of going overboard: Too much vitamin D is toxic, and too much time in the sun is a skin-cancer risk. —A.R.

Walk (Don't Run) Away From Colds

IT'S MISERABLE to be lying in bed with a cold while everyone else is lying on the beach. Now researchers say there's an easy way to help keep this from happening. In three studies, women who walked briskly for about forty-five minutes, five days a week, had half as many sick days over a period of a few months as those who were sedentary, according to researcher David Nieman, Dr.P.H., professor of health and exercise science at Appalachian State University, in Boone, North Carolina. Regular, moderate workouts appear to boost the immune system, says Nieman, cutting the risk of infection over time.

But it doesn't follow that the more you exercise, the fewer colds you'll catch. Another study found that marathon runners who logged 60 miles a week during two months prior to a race doubled their risk of getting sick, compared to those who ran less than 20 miles weekly. According to Nieman, after running two to three hours, a steep *drop* in immune function occurs, allowing viruses to get a foothold. —A.R.





Remarkable.

The American
Medical Women's
Association
has accepted
supplements for
your health for the
first time in its history.
We're very happy
to exclaim,
those supplements
come from
Nature Made.



Nature Made.
Trusted by the ones you trust.

LHJ EXCLUSIVE

Oh Baby!

Meet the McCaughey Septuplets

By Kathryn Casey



Kelsey Ann
The smallest of the babies at birth, she thrived and was the first girl to come home. She's very alert and loves attention.



Natalie Sue
"At birth, she was the prettiest," says Bobbi. Due to feeding problems, she was the last to come home, along with Alexis.



Brandon James
He and Natalie are the most content of the babies. He, Nathan and Joel may all be identical, judging from their blood types and positions in the womb.



Joel Steven

The last baby born, he was in critical condition the longest and needed blood transfusions at birth. "Joel is our whiner," says Bobbi.



Alexis May

The first of the girls born, she was also the largest. "She has an attitude," says neonatal nurse and discharge coordinator Dawn Kirkman. "I guess that's why I like her."



Kenneth Robert

(a.k.a. Hercules) The largest and firstborn of the babies, he weighed 3 lbs. 4 oz. at birth. He looks the most like his father, says grandma Kathy Addleman.



Nathan Roy

The sixth baby born, he is also the fussiest. He has been nicknamed Mr. Chubby Cheeks by one of the volunteers who help care for the babies.





At eight-thirty on a Wednesday morning, Bobbi McCaughey surveys her cramped living room. It's so jammed with women holding babies that it resembles a pediatrician's office. Natalie and Joel, two of her history-making septuplets, bounce contentedly in her arms. On the flowered couch, her sister Michele and two volunteers feed Kenny, Nathan and Brandon. Kathy Addleman, her mother-in-law, sits on the floor with two-year-old Mikayla, the babies' big sister, watching a video.

The atmosphere is remarkably subdued, until Nathan suddenly twists his face into an angry red knot, arches his back and erupts into an earsplitting wail. With an amused smile, Bobbi, twenty-nine, deposits Natalie into a baby swing, next to one rocking Kelsey to the tune of "Twinkle, Twinkle Little Star." She hands Joel to her sister, and tells the volunteer holding the screaming baby, "I'll take him."

Nathan is the fussiest of the seven infants born November 19, nine weeks early. Bobbi hugs him tight and taps on his diapered bottom. "It's okay. Mommy's here," she murmurs. As if he understands, Nathan slowly relaxes. Minutes later he's sucking contentedly on his bottle.

As peace reigns once again, the talk turns to baby Alexis, the one septuplet who is missing. Though she was the first of the three girls to be born, she and sister Natalie were the last to come home from the hospital, on March 1. Two days later, both babies developed an infection. Natalie recovered quickly, but Alexis, who suffered the most lung damage from being born prematurely, has remained hospitalized with breathing problems for nine days. *(continued)*





Opposite page, from top: Proud father Kenny cuddles one of his brood; Bobbi's sister Michele holds three sleeping babies; the McCaugheys' tiny house in Carlisle, Iowa, is fairly bursting. This page: Big sister Mikayla watches as Bobbi feeds two of the infants



Clockwise from top left: Bobbi changes Nathan; Michele and her young charges doze off; Bobbi opens one of the many gifts the family still receives; an army of volunteers helps out with the septuplets; Bobbi goes over hospital bills and later gives Nathan a bath





Bobbi has no trouble telling the babies

(continued) Although such lung damage is worrisome because it can make even a cold serious, it is not an unusual condition for premature infants. Doctors say it's something Alexis may face for a year or more, while her lungs continue to develop.

"I'll just be glad to get her home," says Bobbi, undaunted. "We'll manage."

Such are the days at the McCaughey household in the small town of Carlisle, Iowa, filled with formula and diapers, punctuated by the smiles and tears of babies, and the easy banter of the volunteers who gather to care for them. Through it all, Bobbi, a former seamstress, and her husband, Kenny, a twenty-eight-year-old billing clerk at a car dealership, remain incredibly relaxed. They rarely seem rattled, even on those few occasions when all the babies cry at once.

"God knew who He picked out to have seven babies," says Ginny Brown, wife of the McCaugheys' pastor, who has taken on the formidable task of scheduling their helpers. "Bobbi is so hardworking, she could have been a pioneer woman. And she just loves babies. For Bobbi, it's a lot of work, but it's also fun."

Full house

Mornings begin early for Bobbi. Today, she was awakened by Natalie's first cry just shortly after six. From the refrigerator, she pulled one of the thirty-three Playtex nursers she made before going to bed the night before (the babies consume more than forty bottles daily). She keeps a foot-high stack of disposable diapers handy on a table, a necessity since the infants go through nearly three hundred a week.

As she coos over each of her babies, Bobbi says that from the beginning, she had no trouble telling them apart. "They all look different," she insists.

"It was remarkable," says Holley Bzdega, M.D., one of five neonatalogists who took over their care. "Bobbi was immediately able to individualize each child."

Wearing black leggings and a long shirt, Bobbi looks amazingly fit. At five feet, four inches tall, she gained only twenty-eight pounds during the pregnancy. She lost fifty the first week after delivery and is down to 138 pounds. Now she's trying to regain some of the muscle she lost during five months of bed rest. But with so much to do, there's no time to lift barbells, only babies. "It's a









part. "They all look different," she insists

ough way to lose weight," she says, smiling.

Later that morning, as Bobbi sits feeding Natalie, her ister Michele cradles a slumbering Joel in a corner rock- r. When she heard of Bobbi's startling pregnancy, Michele, twenty, knew she would be needed. Bobbi's nother, Peggy Hepworth, works, and couldn't be with ıer daughter around the clock. So Michele dropped out of Faith Baptist Bible College, in Ankeny, Iowa, where she was a voice major. "Who else was going to help?" she asks. Since August, while Bobbi was on bed rest, Michele has been there—first to care for Mikayla while Kenny worked, then to help with the babies.

These days, she's joined by an army of volunteers. More than sixty men and women, some of whom live more than an hour away, signed up to assist with everything from laundry and dishes to feeding and rocking. Bobbi and Kenny are immensely grateful for the help during these busy days—especially when the septuplets get sick. Since coming home from the hospital, each of the seven has had a cold, three have had ear infections, and little Kenny needed eye surgery for a condition common in preemies.

Still, having so many helpers underfoot in such a small house—just eight hundred square feet—has its challenges. Bobbi and Kenny's private times with their offspring are few—from six to eight in the mornings, and Sundays from six A.M. until ten P.M. It takes the couple two hours to wake, feed and dress the septuplets and Mikayla for church. But once they arrive, members of the congregation help with the infants during services.

"Sundays are the best days," says Bobbi. "Kenny and I are feeding with both hands, kind of going crazy trying to get everything done, but it's nice just to have us."

The only time the couple is ever alone is during Friday "date nights," when volunteers take over the nursery, and Bobbi and Kenny head out for dinner or a walk through the local mall. "Our time together is still a priority, too. If we fall apart, we're not going to do the kids any good," says Bobbi, who sometimes sends her husband to his dad's house to play pool for a few hours to escape the crowd at home. "We appreciate the help, but it is hard having somebody in your house all the time."

She anticipates taking over nighttime duties *(continued)*

"All the [generosity] has been such a blessing," says Bobbi







At bedtime, organization is key. The babies' feeding and diaper-change schedules are posted in the kitchen. Soon, the septuplets are asleep—Brandon and Joel (above) and Kelsey and Natalie (right)



(continued) herself as soon as the babies start sleeping straight through. At this point, the septuplets go to bed at eight-thirty and wake up to eat between two and three. Fortunately, they don't wake each other up. "They're so used to crying from the neonatal nursery, they sleep through nearly anything," says Bobbi, who's become adept at feeding two babies at a time.

Just then, Mikayla wanders over to where volunteer Molly Schneider, a neighbor who works part-time as a sales rep, feeds Brandon. Mikayla bends down and deposits a gentle kiss on Brandon's forehead. "My babies," she declares, wrapping her arms around him.

Although Mikayla is still trying to learn to tell them apart, Bobbi says her oldest is pure big sister, holding her siblings and helping to feed them. She does worry that Mikayla sometimes seems irritated by the constant influx of helpers. "She's gotten a little aggressive," Bobbi explains. "We had a week and a half where every person who came through the door . . . she bit them or hit them."

Is she concerned that Mikayla will become jealous of her siblings? "No," she insists. "To us, Mikayla is just as important as the babies. She's not second to anybody."

A medical miracle

Bobbi and Kenny met on a blind date. They became engaged eight months later and married in December 1992. After a year, they tried to start what they hoped would be a family of four children, but it didn't happen. In the spring of 1995, Bobbi's doctor prescribed Metrodin, a drug that stimulates ovulation. To the couple's delight, they conceived on the first round of the drug. In January 1996, Mikayla was born.

When the McCaugheys decided they were ready for a second child in 1997, the doctor prescribed a lower dose of Metrodin. They'd been told about the possibility of a multiple pregnancy: a 20 percent chance of twins or triplets, and in rare cases, quads or quints. "The odds against more than twins are astronomical," Bobbi says.

When she was six weeks pregnant, Bobbi learned she was carrying seven fetuses. She remembers feeling stunned. She called her mother and said, "You won't believe this. I don't believe it." Yet when doctors mentioned a procedure called selective reduction—aborting some of the fetuses to allow the others more room to grow—the McCaugheys, devout Baptists, said no. "We put it in God's hands," says Bobbi.

Doctors said the outlook was dim, with possible complications for Bobbi, including anemia and hypertension. The babies would probably be born prematurely, and might suffer from lung disease, cerebral palsy and hearing and eye problems.

"All seven babies surviving was improbable, to say the least," admits Karen Drake, M.D., *(continued on page 203)*


Awesome Mom
Make Fun of Lunch.
NEW!
Lunchables
PIZZA SWIRLS
Fun to Eat... No Need to Heat!
CAPRI SUN
M&M's
1 DESSERT PIZZA
© 1998 Oscar Mayer Foods
Lunchables



the fluid pant

A welcome change from skinny leggings: pajama-like pull-ons that sit at the top of the hip and sensuously sway in the breeze because they're cut wide through the legs. The newest versions are also designed to lie flat across the tummy and hip (bye-bye unbecoming belly bulge that used to be the penalty for wearing elastic-waist pants). Pair your floppy pants with sandals or loafers and a stretchy tee or tank. Or make them work for work with a cardigan set. Ballinger Gold powder-blue pants, $96; Easel tank ($75) and cardigan ($99) twinset.

WHAT'S HOT THIS

Styles that are just plain pretty. We lucked ou



the dewy face

[illegible] matte: This summer, let a delicate dewy shimmer really light up your face. Blend an opalescent cream or powder high on your cheeks (over base makeup or all by itself). For heightened luminosity also put a touch on your temples, jawline and nose. Shown here, L'Oréal Quick Shimmer Blush Stick in Silver Gleam ($7.25). Also look for Chanel Cyber Glow Face Highlighter ($38.50), Lancôme Maquisuperbe ($15) and Estée Lauder Sweet Nothings Shimmer ($15).

SUMMER?

he season's forecast is looking really good! By Lois Joy Johnson



the slick lip

The mouth of the moment calls attention to itself: It's shiny, whether satiny or high-gloss, and potently colorful, in shades that capture the essence of summer berries and plums. New formulations offer conditioning compounds (vitamins A, C, E) and emollients, and are made so color lasts and lasts. Among our favorites: Revlon MoistureStay Lipcolor (on our model in "Berry," $10), Almay Stay Smooth Anti-Chap Lipcolor ($9) and Maybelline Lip Polish ($5).

tiest things un



the hip slit

Go ahead: Take long strides; sit on your feet. Anything is possible when you're wearing a to-the-knee skirt with discreet side slits and a good dose of stretch. You can even pass for leggy (the peekaboo opening adds inches visually). Look for creaseproof rayon or poly blends and medium-toned summer neutrals (toast, bronze or celery). Wear with tapered tops or cardigans, sleek mules or strappy sandals. Express clay-brown skirt ($36); United Colors of Benetton polo; Agatha silver bangles, watch and ring; agnès b. mules.

ler the sun



the pretty bag

A tote so shapely and feminine it actually *looks* like it contains only a perfume atomizer and a lipstick or two. But looks can be deceiving: The season's stunning new bags, delicately beaded, crocheted, or made of straw, are roomy enough to also hold a cell phone and a water bottle. In cheery, flowery colors, they give button-down suits a whimsical touch; paired with summer dresses, they're perfection itself. This yellow woven-rattan satchel is by Vanessa ($75). Dress by Nicole Miller; Riviera hair clip; Calvin Klein sunglasses.

...wearing Lido Sans Souci, in Ocho Rios, Jamaica.



the color palette

We're over crazy colors and this summer's lineup of hues isn't the least bit trashy or disco. For eyes, glimmery eyeshades are popping up everywhere—they go on sheer, for subtle, luminous sparkle, and come in sophisticated new shades like moss and low watt gold. For nails, new "nearly nude" polishes are an improvement on basic blah beige. They flatter hands and feet and give them a distinct touch of class. On our model, Maybelline Express Finish Nail Enamel in Marble ($3.50) and L'Oréal Soft Effects Eyecolour in Citrine ($3.50). Earrings at Fragments, NYC; agnès b. cuff.

Start of head



Your chance of dying from a particular illness may depend on where you live. Here, a map of health risks—and how to protect yourself.

By Joseph V. Amodio

We know that eating vegetables and exercising can keep us healthy, but could moving help, too? It may sound odd, but a woman living in Missouri is far more likely to die of a heart attack than one living in New Mexico.

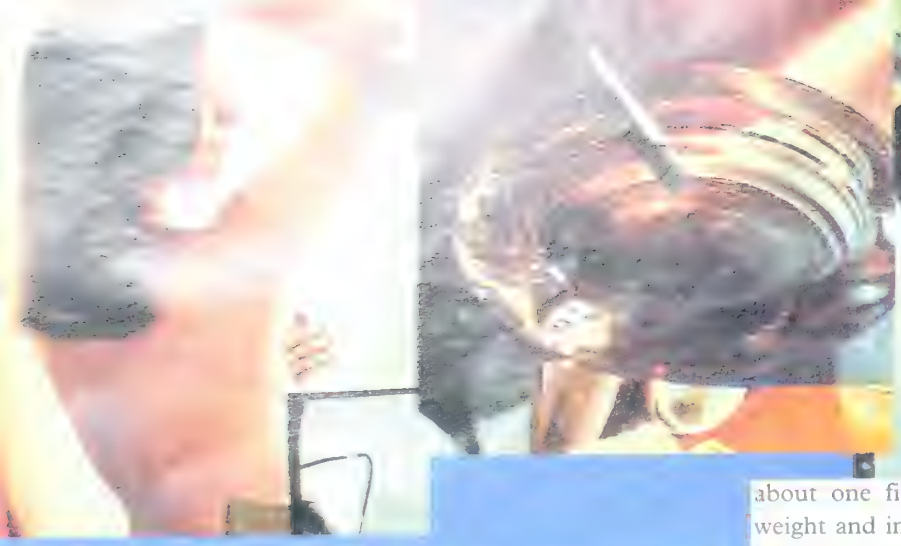
We compiled the latest data from the U.S. Census Bureau, the Centers for Disease Control and Prevention (CDC) and other organizations to find the states with the highest and lowest death rates for the top deadly diseases. Then we went to experts to find out why.

Do keep in mind that these rates are statewide averages (we've included the District of Columbia). Our statistics reflect the number of people out of a group of 100,000 who will die in a year of a particular disease. So, even if your state ranks high for, say, cancer, you may improve your odds if you get regular checkups and eat right.

And take note that for some diseases, such as breast cancer, the rates for the highest-mortality states do not differ much from those with the lowest mortality.

Still, if you live in a state that has a high rate of a disease, we've suggested some steps to help keep you from becoming one of the statistics. We've also come up with some practical strategies to bring down your state's mortality rate.

Continued





#1 Coronary Heart Disease

For both men and women, heart disease is the number-one killer in the U.S. Some 240,000 women will fall victim to it this year alone. The risk for black women is highest, since they have higher rates of obesity, diabetes and high blood pressure than whites. Asians and Hispanics have slightly lower death rates.

Highest heart-disease mortality states

Women	*Men*
New York 276.53	Florida 268.13
Rhode Island 242.49	Arkansas 258.97
Missouri 239.93	New York 252.72
Pennsylvania 226.44	Oklahoma 252.24
Florida 226.21	West Virginia 247.90

Lowest heart-disease mortality states

Women	*Men*
Alaska 37.31	Alaska 62.9
Utah 73.94	Utah 100.31
New Mexico 81.28	New Mexico 102.23
Hawaii 85.4	Colorado 119.11
Colorado 96.49	Hawaii 124.29

Much of the rate variation between states is easily explained, according to Julie Buring, Sc.D., an epidemiologist and medical researcher at Harvard Medical School and Brigham and Women's Hospital, in Boston. Consider age: Nearly one quarter of Florida residents are sixty or older, whereas in Alaska only 6.34 percent of the population is sixty-plus.

According to the CDC, the top mortality states have a higher-than-average percentage of overweight people (in Missouri and West Virginia, more than 30 percent of adults are very overweight) or a lower-than-average ranking for exercising (about a third or more of the citizens of New York, Missouri, Arkansas, Oklahoma and West Virginia are completely inactive), or both.

In contrast, people living in the low-mortality states are thinner (Colorado, Hawaii and New Mexico are among the [illegible] and more active (only about one fifth of residents are couch potatoes). Age, weight and inactivity all contribute to heart disease.

Protect yourself 1) Watch your weight. Obesity usually causes high blood pressure and high cholesterol, which are big risk factors. It can also lead to diabetes, which increases heart-disease risk. 2) Quit smoking. Your risk will immediately decrease. 3) Exercise. Any activity will help keep your heart healthy. Dance, rake leaves or walk for at least thirty minutes a day. Vigorous activities can also help you lose weight. 4) Take aspirin. Men and women at risk should talk to their doctors about the benefits of daily aspirin therapy. Aspirin can help thin the blood and prevent the clots that block arteries. 5) Make your doctor listen if you think you are at risk or have symptoms. Physicians often misdiagnose women and treat them less aggressively when it comes to heart disease. Women with signs of a heart attack can still end up with a diagnosis of anxiety.

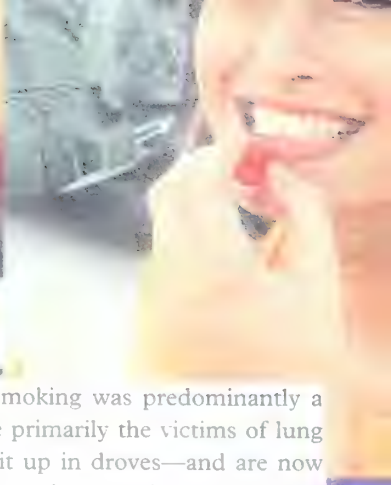
Lower your state's rate 1) Once the heart stops, the chance of survival depends on getting it started again. After twelve minutes, that chance is slim. One of the best ways to get a heart beating again is to jolt it with an electric shock. The device that can do this—those paddles they use on *ER* and *Chicago Hope*—is called an external defibrillator. Call your police department, fire department or city hall to see if your town's "first response" rescue squads are equipped with external defibrillators. About half of ambulances and far fewer police- and fire-department vehicles carry them—and it often takes longer than twelve minutes to get to the hospital. 2) Call the American Heart Association at 800-242-8721 for ideas about how your community can get better access to defibrillation. The paddles are a relatively inexpensive lifesaving technology. Some large companies and buildings now have their own. 3) Learn CPR. In the absence of paddles, it's your only option to restart a stopped heart. Many hospitals, schools and fire departments offer CPR certification courses.

#2 Cancer

Cancer is the second leading cause of death for women and men in the U.S. Lung cancer tops the list for both sexes; for women, breast cancer is number two. For men, the second deadliest is prostate cancer.







Lung Cancer

Lung cancer is responsible for more than one quarter of ncer deaths in females (22,000 more than breast ncer each year) and nearly one third of cancer aths in males. Death rates are high because its slow, sidious growth is virtually undetectable until it is too lvanced for treatment. Yet, despite these gruesome atistics, it remains one of the most preventable of all ncers: If every smoker quit, about 87 percent of cas- could be eradicated.

ghest lung-cancer mortality states

omen	*Men*
evada 35.8	Kentucky 80.0
entucky 34.6	Arkansas 76.3
strict of Columbia 34.5	Delaware 72.4
elaware 32.7	West Virginia 69.3
aska 32.3	Louisiana 68.8

owest lung-cancer mortality states

Vomen	*Men*
tah 10.4	Utah 20.1
awaii 16.3	Hawaii 36.6
ew Mexico 18.3	Idaho 38.0
orth Dakota 19.8	New Mexico 38.1
olorado 20.3	Colorado 38.3

It should come as no surprise to find that most of the op states for cancer mortality rank among the highest in ercentage of cigarette smokers; the lowest states have ne fewest smokers. From 1984 to 1995, on average, 0 percent of Kentucky's adults smoked. Nevada averged 29 percent; Alaska and West Virginia, 27 percent. Utah ranks lowest in deaths and smokers, with an average of only 15.5 percent of the adult population lighting up. The high number of Mormons, whose religion forbids smoking, clearly has a beneficial effect on the state.

Experts warn, however, that data on smoking in the 980s and 1990s does not directly correlate to lung-ancer deaths today. A fatal case of lung cancer can take lecades to grow; so people dying today probably were moking in the 1950s and 1960s. Statistics from those ears are incomplete.

Prior to World War II, smoking was predominantly a male pastime and men were primarily the victims of lung cancer. After that, women lit up in droves—and are now paying the price: From the early seventies to the early nineties, the mortality rate for men rose 20 percent; the rate for women jumped 159 percent. Smoking rates for women are now falling slightly.

What about the other 13 percent of lung-cancer deaths not related to smoking? More than 10 percent of cases are thought to be caused by radon, a colorless, odorless gas formed naturally from decaying rocks and soil. It seeps into homes and can collect to dangerous levels, particularly in poorly ventilated areas such as basements. The Environmental Protection Agency (EPA) believes one out of fifteen homes across the country has radon levels that require action.

Using radon measurements and geological data, the EPA mapped the country in an effort to predict danger zones—and while Nevada, Kentucky and West Virginia (top lung-cancer states) are potentially high-radon areas, so are states like Colorado, Idaho and North Dakota, which rank low on mortality. Clearly, smoking is the greater indicator of risk.

Protect yourself 1) Quit smoking. If you kick the habit before you turn fifty, you immediately cut in half your risk of dying within the next fifteen years, according to the American Lung Association. After fifteen years, your risk drops to almost the same level as that for nonsmokers. 2) Check your house for radon no matter where you live. Any house in any state is vulnerable. Luckily, EPA-approved home-testing kits are inexpensive and easy. Often, only modest repairs (sealing cracks, installing fans) are necessary. Call the National Safety Council (800-557-2366) for more information.

Lower your state's rate 1) Encourage friends to quit smoking. Not only are they putting themselves at risk, but secondhand smoke causes lung cancer, too. 2) Help prevent teen smoking. It is estimated that 3,000 young people begin smoking every day, and 90 percent of adults who smoke picked up the habit by age twenty-one. Contact the American Lung Association at 800-586-4872 for information.

Breast Cancer

Nearly 44,000 women will die from breast cancer this year—and about 400 men will *(continued on page 200)*

Best Room In



Madden's stylish summer luncheon spread includes bamboo-handled flatware, rose-pink napkins and sea-grass place mats. Sprigs of mint in water goblets and inside ice cubes give cool lemonade a refreshing twist

The House

LHJ's Contributing Home Design Editor, Chris Madden, finds the perfect place for entertaining in her very own backyard. Produced by Kimberlie A. Waugh





"Who says a room has to be indoors?" Chris Madden has been heard to wonder aloud. Visit the back terrace of the house in Westchester County, New York, that she shares with her husband and two young sons, and you may start to wonder yourself. Instead of standard-issue plastic patio lounge chairs and a table with a center umbrella, Madden has filled her terrace with some of her favorite indoor furnishings—an old pine chest, a bamboo birdcage, a sisal rug—along with a profusion of plants and flowers. "My terrace is a transition between the house and the garden, with all the best elements of each," she says. "And it's the perfect place to be during the warm summer months."

Unlike a porch, Madden's uncovered terrace lacked a sense of shelter (and had no protection from rain), so she began by giving it a metal-framed, forest-green awning. "The awning goes up as soon as possible after snow season, around the beginning of April," the designer says. "And we keep it up as long as we can, usually until just before Thanksgiving, when it's cleaned and stored."

Weather permitting, the awning's canvas sides are usually kept *(continued)*



A trickling fountain placed high on one wall makes a lovely focal point among ivy vines

(continued) rolled up, revealing her beautiful garden beyond. The low wall along the terrace perimeter is topped by flower-filled planter boxes, minimizing the sense of enclosure. "It's not a huge terrace—only thirteen by fifteen feet," Madden notes. "But it's as if the outer wall is the garden, so it feels much more expansive."

In summer, the terrace becomes the Maddens' main dining room, dressed down for the family or jazzed up for company. Comfort is always a priority, from the fern-print chair pillows to shawls the designer places over seat backs on cool evenings. She also had beautiful sheer-striped slipcovers made to dress up her wrought-iron chairs. "They're easy to change when you want to switch to a different color scheme or get new table decorations," she says.

On this day, they're a fine match for the table, beautifully set for a summer luncheon. Country-scene plates marry well with leaf-bordered plates, bamboo-handled flatware, rose-pink napkins and sea-grass place mats. The table illustrates her "close-to-nature" approach to outdoor rooms. "Instead of bringing out your heavy-duty crystal and silver, keep it more relaxed and simple," she says. Madden uses a picnic-style basket to carry items from kitchen to table, while soda and wine are kept chilled in an ice-filled galvanized tub.

During larger parties, guests move easily from the adjacent dining room to the terrace and garden. But the porch is as perfect in the early morning, when the designer gets to enjoy it all by herself. She'll read the paper, or listen to music while taking in the view. If it's raining, all the better—the soothing drip, drip, drip of raindrops on canvas only adds to the coziness. *—Jeff Book*

MAKE YOUR TERRACE BLOOM

How can your porch or terrace feel like an extension of your garden's earthly delights? Here are Chris Madden's best tips:

1. Mount a trellis on an outside wall so ivy can grow. Unfinished wood ones are the lowest maintenance.
2. Use containers of plants and flowers to add color and interest. Small milk bottles are perfect for cut flowers; larger terra-cotta pots are ideal for flowering plants or topiaries.
3. Bring the nature theme to your tabletop by filling glass compotes with fruit and displaying them next to framed botanical prints.
4. Fill planter boxes with flowers in their plastic nursery containers, concealed with moss. This way, faded blooms are easily replaced.

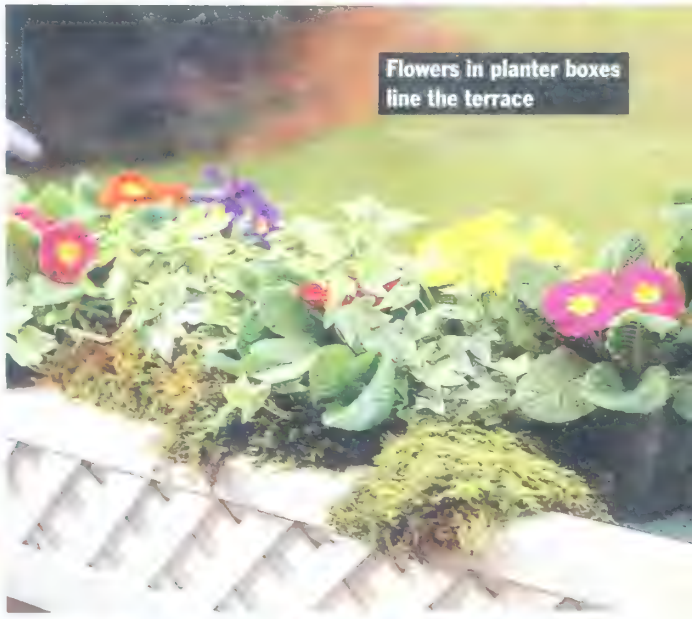




Left: Napkins and candles are wrapped in raffia. Below: A picnic basket elegantly transports items from kitchen to table

'It's a pleasure to have an extra room, if only





Flowers in planter boxes line the terrace

for part of the year. What a joy while it lasts!"





Left: A recycled window on a steel base doubles as a side table. Below: Just what you need on a cool summer night


Throw caution to the wind.
NEW!
KRAFT
Special Collection
Creamy Parmesan Romano
KRAFT
Tangy Tomato Bacon
NEW!
KRAFT
Special Collection
KRAFT
Balsamic Vinaigrette
NEW!
KRAFT
Special Collection
KRAFT
Greek Vinaigrette
NEW!
KRAFT
Special Collection
KRAFT
Creamy Cucumber Dill
Try the thrilling flavors in our Special Collection.
and different, but they're Kraft. So dive i
Everybody's got a taste for Kraft.

FOOD

JOURNAL



Salmon Teriyaki



Pork and Papaya Salad

QUICK MEALS

Too busy enjoying the June weather to cook? Then cut kitchen time with these **speedy suppers**. Having company? Our **party menu** is perfect for any size crowd (whet their appetites with our guest chef's **corn chowder** or our trendy **cheese** board). Of course, it wouldn't be summer without the **perfect burger**. And what's a party without a **celebration cake**?



Pork and Papaya Salad

This Caribbean-influenced [illegible] salad with black beans, garlic-rubbed pork and papaya is dressed up with an orange-cilantro vinaigrette.

Prep time: 20 minutes. **Cooking time:** 6 to 8 minutes.
Easy, Low-calorie

3 tablespoons olive oil, divided
3 tablespoons [illegible]
1 tablespoon [illegible]
2½ tablespoons chopped fresh cilantro
¼ teaspoon salt, divided
1 can (16 or 19 oz.) black beans, drained and rinsed
2 teaspoons finely chopped garlic
[illegible] pepper
1 to 1¼ pounds pork tenderloin, cut into ¼-inch-thick slices
1 ripe papaya, peeled, seeded and sliced

1. Combine 2 tablespoons oil, orange juice, vinegar, cilantro and ¼ teaspoon salt in cup. Remove 1 tablespoon dressing and toss with beans in medium bowl; set aside.
2. Mash together garlic, remaining ½ teaspoon salt and pepper on board with side of knife. Rub paste onto all sides of pork in bowl.
3. Heat 1½ teaspoons oil in large nonstick skillet over medium-high heat. Add half the pork; cook 2 minutes. Turn and brown 2 minutes more. Remove to clean bowl. Repeat process with remaining 1½ teaspoons oil and pork. Arrange beans in center of a serving platter. Spoon pork and papaya around beans. Pour remaining dressing over pork and papaya. Makes 4 servings.

Per serving: 370 calories, 17.5 g total fat, 4 g saturated fat, 85 mg cholesterol, 702 mg sodium, 21 g carbohydrates, 32 g protein, 54 mg calcium, 4 g fiber

Salmon Teriyaki

Grilled salmon steaks and asparagus make an elegant pair and a very simple supper. Some of the teriyaki dressing is brushed on the salmon while grilling; the rest is saved to drizzle over the fish for a finishing touch.

Prep time: 15 minutes. **Grilling time:** 10 to 12 minutes.
Easy

Teriyaki dressing
3 tablespoons teriyaki sauce
2 tablespoons orange juice
2 teaspoons chopped garlic
1 tablespoon brown sugar
¼ teaspoon salt
1 pounds asparagus, trimmed
1 tablespoon olive oil
¾ teaspoon salt, divided
¼ teaspoon freshly ground pepper, divided
4 salmon steaks, ½-inch-thick (6 to 7 oz. each)
1 cup rice, cooked according to package directions

1. Oil and heat grill.
2. *Make teriyaki dressing:* Combine all ingredients in cup, stirring until sugar is dissolved. Transfer 2 tablespoons to another cup.
3. Toss asparagus with oil, ¼ teaspoon salt and ⅛ teaspoon pepper in shallow dish. Grill 10 to 12 minutes, turning as spears brown, until tender; set aside.
4. Meanwhile, sprinkle salmon with remaining salt and pepper. Grill 4 to 5 minutes per side, brushing with reserved 2 tablespoons teriyaki dressing, until cooked through. Drizzle salmon with remaining dressing. Serve with asparagus and rice. Makes 4 servings.

Per serving: 555 calories, 21.5 g total fat, 4 g saturated fat, 96 mg cholesterol, 1,199 mg sodium, 49 g carbohydrates, 41 g protein, 73 mg calcium, 2 g fiber

Herb Brush

Tie a bunch of assorted fresh herb sprigs (rosemary, thyme, sage, oregano or marjoram) at stem ends with kitchen string. Dip sprigs in olive oil or vinaigrette dressing and brush over chicken, beef or vegetables while grilling. After using, remove string and throw sprigs on coals for additional herb flavor.



Chicken-Tapenade Pizza

It's easy! Start with a purchased crust, bake and then spread with prepared tapenade (a paste made from ripe olives, olive oil and lemon juice). Top with fresh spring greens and pan-grilled chicken.

Prep time: 15 minutes. **Baking time:** 8 to 10 minutes. **Easy**

1 (12-inch) prepared pizza crust, such as Boboli
12 ounces boneless, skinless chicken breasts
Salt and ground pepper
3 tablespoons olive oil, divided
1 tablespoon balsamic vinegar
5 cups mesclun salad greens or 1 bag (5 oz.) spring salad mix
*⅓ cup prepared tapenade**

1. Heat oven to 450°F. Bake crust 8 to 10 minutes.
2. Meanwhile, sprinkle both sides of chicken with ½ teaspoon salt and ½ teaspoon pepper. Heat 1 tablespoon oil in large grill pan over medium-high heat. Add chicken and grill 5 to 6 minutes per side, until browned. Wrap in foil and set aside.
3. Combine remaining 2 tablespoons oil, vinegar, ¼ teaspoon salt and ⅛ teaspoon pepper in medium bowl; toss with greens. Spread hot crust with tapenade, leaving 1-inch border. Top with greens. Thinly slice chicken and arrange on greens. Makes 4 servings.

*Available in the condiment section of the supermarket.

Per serving: 550 calories, 23 g total fat, 3.5 g saturated fat, 55 mg cholesterol, [illegible] 52 g carbohydrates, 34 g protein, 145 mg calcium, 2 g fiber

Recipes by Cynthia DePersio

For us, five long hours of waiting.

For you, immediate gratification.



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Lender's Big'n Crusty Bagels

er's Big'n Crusty *bagels rise for five hours before baking, for a light consistency and crispy texture – like no other bagel you've ever tasted. Look for them in your grocer's freezer.*



Mediterranean Seafood with lemon and parsley



The more the merrier. Adding friends to the guest list isn't a problem when you have such a flexible menu

illed Caribbean Skewers
:h Pineapple-Mint Salsa,
mmer Vegetable Salad,
lian White Beans and
editerranean Seafood

the menu

Get the party started with some nibblers (pages 170 and 172)

Select one or more main dishes:

Mediterranean Seafood
Grilled Caribbean Skewers with Pineapple-Mint Salsa
Grilled Beef Tenderloin

Pair with your choice of sides:

Italian White Beans
Beet Compote
Summer Vegetable Salad
Grilled Zucchini with Feta
Tomato-Onion Salad
Citrus Sugar Snap Peas
Creamy Potato Salad

Then pick a dessert:

Berry-Rhubarb Tiramisu
Ice Cream Chocolate Roll
Honey-Peanut Cheesecake

MEDITERRANEAN SEAFOOD

Serving seafood always impresses, and this delicate assortment of squid, shrimp, scallops and mussels with lemony dressing is utterly delicious. Try any combination of your favorite kinds of fish or shellfish—just adjust the cooking time. You can even prepare this dish with just shrimp (you'll need four pounds).

Prep time: 40 minutes
Cooking time: 7 to 11 minutes
Easy, Low-calorie

2 lemons
Salt
1 pound cleaned squid, sliced
1½ pounds medium shrimp, peeled and deveined
1 pound bay scallops
*2 pounds mussels, scrubbed and debearded**
½ teaspoon pepper
⅓ cup olive oil
¼ cup sliced green onions
¼ cup chopped fresh parsley

from lemons and squeeze enough juice to equal 4 tablespoons. Set peel and juice aside.

2. Bring 2 quarts water to boil in large Dutch oven. Stir in 1 tablespoon lemon juice and 1 teaspoon salt. Add squid and cook 1 to 2 minutes, until opaque. Transfer with a slotted spoon to a large bowl.
3. Return water to a boil; add shrimp and cook 2 to 3 minutes, until opaque. Drain shrimp; cool.
4. Bring another 1 quart water to boil in same Dutch oven. Stir in 1 tablespoon lemon juice and 1 teaspoon salt. Add scallops and cook 2 to 3 minutes, just until cooked through. Remove 1 cup cooking liquid to cup, then drain scallops. Return reserved liquid to Dutch oven. Add mussels; cover and cook 2 to 3 minutes, until mussels open. Drain and cool. Transfer 8 mussels to bowl; set aside. Remove remaining mussels from shells; discard shells.
5. Combine remaining 2 tablespoons lemon juice, reserved lemon peel, 2 teaspoons salt and pepper in large bowl. Whisk in oil. Add squid, shrimp, scallops, mussels, green onions and parsley; toss to coat. *(Can be made ahead. Cover seafood and reserved mussels and refrigerate overnight.)* Garnish with reserved mussels. Makes 8 servings.

Per serving: 330 calories, 16.5 g total fat, 2.5 g saturated fat, 265 mg cholesterol, 1,042 mg sodium, 6 g carbohydrates, 37 g protein, 84 mg calcium, 0 g fiber

GRILLED CARIBBEAN SKEWERS

Chunks of turkey, beef sirloin or lamb all soak up the same flavorful marinade, so it's easy to mix and match the meats.

Prep time: 15 minutes plus marinating
Grilling time: 10 to 16 minutes

Marinade
½ cup brandy
2 tablespoons olive oil
2 tablespoons brown sugar
1 tablespoon fresh lime juice
1 tablespoon chopped fresh mint
1 tablespoon minced garlic
1 teaspoon grated ginger
1 teaspoon salt
½ teaspoon pepper

½ (3 lbs.) turkey breast, boned, skinned and cut into 1½-inch cubes, or 2 pounds trimmed boneless beef (sirloin, top round or chuck) or boneless leg of lamb, cut into 1½-inch cubes
Pineapple-Mint Salsa (recipe follows)
Lemon wedges and fresh mint sprigs, for garnish

1. *Marinade:* Combine all ingredients in glass measure; pour into heavy-duty resealable plastic storage bag. Add turkey, seal bag and press bag to coat meat in marinade. Refrigerate 3 hours. *(Can be made ahead. Refrigerate up to 24 hours.)*
2. Heat grill. Skewer 4 to 5 pieces turkey or meat on each of 8 skewers. Grill over medium-high heat, 12 to 16 minutes for turkey until cooked through, or 10 to 12 minutes for medium-rare beef or lamb. Serve with Pineapple-Mint Salsa. Garnish with lemon wedges and mint sprigs, if desired. Makes 8 servings.

Per serving with turkey: 170 calories, 2.5 g total fat, .5 g saturated fat, 83 mg cholesterol, 212 mg sodium, 2 g carbohydrates, 33 g protein, 17 mg calcium, 0 g fiber

Per serving with beef: 180 calories, 8 g total fat, 2.5 g saturated fat, 76 mg cholesterol, 202 mg sodium, 2 g carbohydrates, 26 g protein, 13 mg calcium, 0 g fiber

Per serving with lamb: 185 calories, 8.5 g total fat, 2.5 g saturated fat, 76 mg cholesterol, 204 mg sodium, 2 g carbohydrates, 24 g protein, 11 mg calcium, 0 g fiber

PINEAPPLE-MINT SALSA

Fresh mint, shallots, sugar and brandy add lots of pizzazz to a can of crushed pineapple.

Prep time: 5 minutes plus standing
Cooking time: 3 to 4 minutes
Easy

1 tablespoon vegetable oil
3 tablespoons minced shallots
1 can (20 oz.) crushed pineapple in juice, drained
¼ cup sugar
¼ teaspoon salt
¼ cup brandy
1 tablespoon fresh mint leaves

1. Heat oil in small saucepan over medium heat. Add shallots and cook 1 minute, until softened. Add pineapple, sugar, and salt; bring to boil. Boil 2 minutes, stirring occasionally. Add brandy; cook 30 seconds. Remove from heat; cool completely.
2. Chop mint and stir into salsa. *(Can be made ahead. Refrigerate in airtight container overnight.)* Makes 2 cups.

Per tablespoon: 25 calories, .5 g total fat, 0 g saturated fat, 0 mg cholesterol, 18 mg sodium, 5 g carbohydrates, 0 g protein, 3 mg calcium, 0 g fiber

GRILLED BEEF TENDERLOIN

The tenderloin is seasoned with a zesty rub of thyme, garlic, shallots and red wine, then slow-cooked in a covered grill for the perfect touch of smokiness.

Prep time: 20 minutes plus standing and chilling
Grilling time: 65 to 75 minutes
Easy

1 bunch fresh thyme or 1 tablespoon dried
2 cans (2 oz. each) flat anchovy fillets, drained and rinsed
⅓ cup chopped shallots
2 tablespoons chopped garlic
½ cup plus 2 tablespoons red wine, divided
6 tablespoons olive oil, divided
½ teaspoon pepper
3 to 3½ pounds center-cut beef tenderloin, tied
¼ teaspoon salt

1. Remove 2 tablespoons fresh thyme leaves from the bunch of *(continued)*



Cream Chocolate Roll; Berry-Rhubarb Tiramisu

Creamy Potato Salad; Citrus Sugar Snap Pe





Grilled Caribbean Skewers with Pineapple-Mint Salsa

When everything is do-
head, having a party
loesn't have to mean serious
tress. Make our easy
eafood platter and grilled
neat skewers, pick a side
nd dessert, and you've got
ne scrumptious feast!



Summer Vegetable Salad

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Pepperoni Caesar Salad

Bowl 'em over with the best-tasting Caesar salad ever.

8 cups romaine lettuce, torn into bite-sized pieces
1 cup sliced Hormel® Pepperoni
¾ cup shredded Parmesan cheese
¼ teaspoon cracked black pepper
1½ cups croutons

In large bowl, combine ingredients and toss with Caesar dressing. Serves 4.

To make Caesar dressing, blend these ingredients on high until well-mixed:
6 tablespoons olive oil
2 tablespoons red wine vinegar
1 tablespoon mayonnaise
2 cloves garlic
½ teaspoon Dijon mustard
¼ teaspoon Worcestershire sauce





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thyme; set remaining sprigs aside. Chop anchovies, shallots, garlic and thyme leaves together. With flat side a knife, press garlic-herb mixture int coarse paste. Transfer to a small bow stir in 2 tablespoons wine, 2 tablespoons oil and pepper. Rub mixture over beef. If using fresh thym arrange remaining sprigs under string to cover beef. Wrap in plastic wrap. Refrigerate overnight.

2. Thirty minutes before grilling, unwrap beef onto a large plate. Combine remaining ½ cup wine, 4 tablespoons oil and salt in glass measuring cup. Pour half of wine mixture over beef, turning once.

3. Heat grill according to manufacture directions for indirect heat.

4. Sear tenderloin directly over hot co 15 minutes, turning occasionally. Mo tenderloin to middle of the grill. Brus all sides with remaining wine marinad Cover and grill 50 to 60 minutes mo until meat thermometer reaches 145° when inserted in center of tenderloin, for medium-rare.

5. Transfer beef to cutting board. Cover loosely with foil; let stand 10 minutes or up to 1 hour, then slic Makes 8 to 10 servings.

Per serving: 430 calories, 32.5 g total fat, 10.5 g saturated fat, 100 mg cholesterol, 497 mg sodium, 2 g carbohydrates, 31 g protein 49 mg calcium, 0 g fiber

ITALIAN WHITE BEANS

This savory bean casserole with fresh sage is wonderful with any summer menu. To trim cooking time, use the quick-soak method on the bean packag

Prep time: 15 minutes plus standing
Baking time: 65 minutes
Easy

1 pound dried great Northern beans, rins
4 tablespoons extra-virgin olive oil, divide
¾ cup finely chopped onion
½ cup finely chopped celery



nely chopped carrot
oon finely chopped garlic
(14½ oz. each) chicken broth
oons thinly sliced fresh sage leaves
2 teaspoons dried
oon salt

beans according to package
ns; drain.
oven to 350°F. Heat
spoons oil in heavy Dutch oven
edium heat. Add onion, celery,
nd garlic; cook until vegetables
der. Stir in broth, beans and
ring to boil. Cover and bake
utes, until beans are tender. Stir
bake, uncovered, 10 minutes
(Can be made ahead. Refrigerate
t in airtight container. Bring to
mperature before serving.) Stir in
ng 1 tablespoon oil. Makes
gs.

ng: 275 calories, 8.5 g total fat,
urated fat, 0 mg cholesterol,
sodium, 38 g carbohydrates, 13 g protein,
calcium, 23 g fiber

COMPOTE

mbination of sherry and
ic vinegars enhances the natural
ess of the beets.

Prep time: 10 minutes plus standing
Roasting time: 45 to 60 minutes
Easy

2 tablespoons finely chopped onion
1 tablespoon sherry vinegar
1 tablespoon balsamic vinegar
1 teaspoon fresh thyme leaves or
¼ teaspoon freshly ground pepper
1 tablespoon extra-virgin olive oil

1. Heat oven to 400°F. Wrap beets in a single layer of foil. Transfer to cookie sheet; roast 45 to 60 minutes, until just tender (the beets should not be too soft). Open foil and cool beets 10 minutes. Remove skins. Cool completely.
2. Grate beets on large holes of a grater; transfer to large bowl. Stir in onion, vinegars, thyme, salt and pepper. Let stand at room temperature 1 hour. *(Can be made ahead. Cover and refrigerate overnight.)* Stir in oil. Makes 2 cups.

Per ¼ cup: 35 calories, 2 g total fat, 0 g saturated fat, 0 mg cholesterol, 100 mg sodium, 4 g carbohydrates, 1 g protein, 8 mg calcium, .5 g fiber

SUMMER VEGETABLE SALAD

Fastest Recipe Of The Month

This trio of sweet peppers, jicama and celery, tossed with a rice wine vinaigrette, is pure refreshment. Fresh chives are readily available at supermarkets now, but if you can't find them, substitute green onions.

Total prep time: 20 minutes
Easy

3 tablespoons rice wine vinegar
3 tablespoons snipped fresh chives

(continued)

SPECIAL OFFER

Byte-Size Diet Guide

at lighter and healthier with The Diet and Nutrition Guide. This electronic guide contains over five thousand generic and brand-name , including fast foods. Search foods by name, or brand name; the guide shows fat, calorie, ohydrate, cholesterol, protein, sodium and sugar nts. The guide tracks food intake for up to seven and provides weekly nutritional average. ch guide comes with instructions and two m batteries. This pocket guide measures 4¾x3⅜" and weighs less than nces. Available by arrangement with Franklin Electronic Publishers, the guide for $51.95, which includes shipping, handling and applicable sales tax.

RDER. Send your name and street address and check or money order to: Ladies Home al" Resources, Dept. L0698, P.O. Box 9381, Des Moines, IA 50306-9381. MasterCard and Visa may call 800 763-6393. Please specify Model 1.



SUMMER RATATOUILLE

1 teaspoon salt
1 teaspoon sugar
4 large celery ribs, peeled and sliced
2 yellow peppers, cut into 1-inch pieces
1 jicama (1 lb.), peeled and cut into 1/4-inch-thick strips

1. Combine vinegar, chives, oil, salt and sugar in large bowl.
2. Toss celery, peppers and jicama with dressing. *(Can be made ahead. Refrigerate overnight in airtight container.)* Makes 8 servings.

Per serving: 45 calories, 2 g total fat, 0 g saturated fat, 0 mg cholesterol, 316 mg sodium, 7 g carbohydrates, 1 g protein, 19 mg calcium, 3 g fiber

GRILLED ZUCCHINI WITH FETA

Zucchini is great on the grill—especially when served Greek style, with olive oil, feta cheese and fresh dill.

Prep time: 25 minutes
Grilling time: 8 to 12 minutes per batch
Easy

Classic Starter



DEVILED EGGS

Peel and halve *12 large hard-cooked eggs*. Remove yolks with a small spoon and transfer to medium bowl. Lightly mash yolks with a fork. Stir in *⅓ cup sour cream, ¼ cup mayonnaise, 2 tablespoons finely chopped onion, 2 teaspoons chopped fresh cilantro,* and *1 teaspoon chopped chipotle in adobo sauce plus 1 teaspoon adobo sauce only (OR ½ teaspoon red pepper sauce) and ½ teaspoon salt.* Fill egg-white halves with egg mixture. *(Can be made ahead. Cover and refrigerate overnight.)* Garnish tops with *fresh cilantro sprigs,* if desired. Makes 24 halves.

Per half



6 medium zucchini (3¼ lbs.), thinly sliced lengthwise
⅓ cup olive oil
1½ teaspoons salt
½ teaspoon freshly ground pepper
2 ounces feta cheese, crumbled
2 tablespoons chopped fresh dill, or ½ teaspoon dried with 2 tablespoons chopped fresh parsley
Fresh dill sprigs, for garnish

Heat grill. Brush both sides of zucchini with oil; sprinkle with salt and pepper. Grill zucchini in batches 4 to 6 minutes per side, until softened and lightly charred. *(Can be made ahead. Cover loosely with plastic wrap and let stand at room temperature up to 3 hours.)* Transfer to platter; sprinkle with feta and dill. Garnish with dill sprigs, if desired. Makes 8 servings.

Per serving: 125 calories, 10.5 g total fat, 2.5 g saturated fat, 6 mg cholesterol, 521 mg sodium, 6 g carbohydrates, 3 g protein,

TOMATO-ONION SALAD

Large, pale golden Vidalia onions from Georgia are in peak season now. Their sweet flavor is terrific in this colorful tomato salad. (Rinsing raw onions under cold running water removes any bitterness.)

Total prep time: 10 minutes plus standing
Easy

½ teaspoon cumin seeds
1 pound sweet onions, such as Vidalia, Walla Walla or red onions, cut into ¼-inch-thick wedges
1 pint red and yellow pear-shaped tomatoes
3 tablespoons white wine vinegar
2 tablespoons olive oil
1 tablespoon fresh tarragon, chopped, or 1 teaspoon dried with 1 tablespoon chopped fresh parsley
½ teaspoon salt
½ teaspoon freshly ground pepper

1. Heat skillet over low heat. Add cumin seeds and toast 1 to 2 minutes, just until fragrant. Transfer to large bowl.
2. Place onion wedges in large strainer; rinse under cold running water. Drain well; add to bowl with cumin. Stir in remaining ingredients. Let stand 1 hour before serving. *(Can be made ahead. Cover and refrigerate overnight. Remove from refrigerator 2 hours before serving.)* Makes 8 servings.

Per serving: 60 calories, 3.5 g total fat, .5 g saturated fat, 0 mg cholesterol, 153 mg sodium, 7 g carbohydrates, 1 g protein, 22 mg calcium, 1 g fiber

(continued)

Whirlpool/*Ladies' Home Journal* "In Praise of Mom" Contest Official Rules

FROM PAGE 124

1. NO PURCHASE NECESSARY TO ENTER. On a piece of 8½ x 11 paper, print clearly the following: your name, address, city, state, ZIP code, phone number, age, occupation and signature, and a statement explaining how you would like to accept the award/prize and why you do not want your family as a mom. Children may also enter the contest to win the prize for their mom (or female guardian) and must provide their mother's/guardian's name and the above information. Each entry must be signed by parent or guardian. Child should explain in 40 to 50 words why his or her mom is #1.

Mail entry to WHIRLPOOL/*Ladies' Home Journal* "In Praise of Mom" Contest, P.O. Box 79101, Chicago, IL 60639, or submit entry via E-mail by visiting WHIRLPOOL's Web site at www.whirlpool.com. No E-mail entries will be retained by Sponsor. Entries must be received by June 30 and received by July 8. No responsibility is assumed for lost, late, incomplete or misdirected mail, technical, hardware or software failures or errors of any kind; lost or unavailable network connections, or incomplete, garbled or delayed computer transmissions. If any prize-notification letter is returned as undeliverable or winner does not receive a response within ten (10) days of mailing, the prize will be awarded to an alternate winner. One entry per household allowed.

3. The contest is open to any legal resident of the U.S., except employees and their immediate families and households of Meredith Corporation, Whirlpool Corporation, Edelman Public Relations Worldwide, Campbell Ewald Advertising and their divisions, subsidiaries or affiliates.

4. Grand Prize (5): 2-day, 2-night weekend for one in New York City (arriving Saturday, September 12, 1998, departing Monday, September 14, 1998). Approximate retail value: $2,500. Included are two (2) nights' accommodations in a deluxe hotel room, one (1) one-hour massage, one (1) one-hour facial, one (1) manicure and one (1) pedicure, Broadway show ticket, a $500 shopping spree at Bloomingdale's, all meals and ground transportation. Awards Luncheon and round-trip coach airfare to New York City from major gateway nearest winner's residence. (All other expenses, including transportation to and from nearest major airport, are sole responsibility of winners.) Winners must sign travel liability release within 10 days of notification. Some travel restrictions may apply. Winners must depart on Saturday, September 12, 1998, and return on Monday, September 14, 1998. If a winner is unable to comply with these requirements, prize is forfeited and an alternate winner may be selected.

5. All entries and materials submitted become the property of *LADIES' HOME JOURNAL* and WHIRLPOOL and will not be returned or acknowledged. The "In Praise of Mom" Contest entry will be judged on content, clarity of expression, interest to *LADIES' HOME JOURNAL* readers and general appeal. Entries must be original and not previously published. The winners will be selected by a panel designated by *LADIES' HOME JOURNAL* and WHIRLPOOL. All decisions of the judges are final. No correspondence or telephone inquires about the contest or judging will be accepted. *LADIES' HOME JOURNAL* and WHIRLPOOL reserve the right to edit the winning entries.

6. Winners will be selected and notified by mail the week of August 10. Winners must consent to be available at the request of *LADIES' HOME JOURNAL* and WHIRLPOOL to participate and render services in photography/taping sessions and media interviews, except where prohibited. Winners also agree by entering the contest to grant *LADIES' HOME JOURNAL* and WHIRLPOOL the right to use their entries, names, photos and voices in connection with editorial, public relations, promotional and advertising purposes, unless prohibited by law. Each winner must sign an affidavit of eligibility, a Publicity and Liability Release (except where prohibited), and an Assignment of all rights to entry to *LADIES' HOME JOURNAL* and WHIRLPOOL within 10 days of notification, or an alternate winner may be selected. The awarding of the prizes is contingent upon full compliance with the rules.

7. All federal, state and local laws and regulations apply. Void where prohibited. Applicable taxes are the sole responsibility of winner. Prize is not exchangeable or transferable. No substitution or cash in lieu of prizes except at the discretion of WHIRLPOOL. For a complete list of winners' names and hometowns, send a separate self-addressed stamped envelope after September 15, 1998 to *LADIES' HOME JOURNAL* In Praise of Mom Contest Winners List, 125 Park Avenue, 19th Floor, New York, NY 10017.

JOURNAL SHOPPING CENTER

BEST ROOM IN THE HOUSE, pages 156-159: [illegible] Jennifer Levy [illegible] corners, 800-213-6366, window boxes, Nabel's Nursery, 914-949-3963; small plates, Soleido, Greenwich, CT, milk-bottle vases, Lillian August, 203-454-0675, sisal rug, Merton Abby, 423-546-4969; bar [illegible] Pearce, 203-618-1073, botanical prints, Exposures, 203-866-5259.

(Hōme • mād̄e • ēasy)*



HIDDEN VALLEY® LAYERED MEXICAN DIP

1. Mix 1 oz. packet Original Ranch® Dip Mix with 1 pint sour cream.
2. Spread 1 can (16 oz.) refried beans in a serving dish.
3. Spread Original Ranch® Dip Mix on top of beans and top with 1 cup shredded cheddar cheese and 1 can (2 ¼ oz.) sliced ripe olives, drained.

Garnish with chopped tomatoes and green onions.

*Adj. Made at home, as easy as 1-2-3.

Forget the dressing! Crisp, sweet snap peas need little extra to taste great. We just tossed these emerald beauties with orange and lemon peel, parsley and minced shallot.

Prep time: 20 minutes
Cooking time: 2 minutes
Easy, Low-fat

2½ teaspoons salt, divided
2 pounds sugar snap peas, trimmed
1 tablespoon snipped fresh flat-leaf parsley
1 teaspoon grated orange peel
1 teaspoon grated lemon peel
1 teaspoon minced shallot
¼ teaspoon freshly ground pepper
Thin strips orange peel, for garnish

1. Bring 3 quarts water and 2 teaspoons salt to boil in large Dutch oven. Add snap peas and cook 2 minutes; drain. Immediately transfer peas to large bowl; cover with ice water. Let stand until cool.
2. Combine parsley, orange and lemon peels, shallot, remaining ¼ teaspoon salt and pepper in large bowl. Drain peas; pat dry with paper towels. Toss with parsley mixture. *(Can be made ahead. Cover and refrigerate overnight.)* Garnish with orange peel, if desired. Makes 8 servings.

Per serving: 50 calories, 0 g total fat, 0 g saturated fat, 0 mg cholesterol, 145 mg sodium, 8 g carbohydrates, 3 g protein, 55 mg calcium, 3 g fiber

(continued)

LET'S PARTY! Roasted vegetable dip, mini pizzas, spicy wontons and more—here are five super nibbles to jump-start any gathering



EGGPLANT CAVIAR

Heat oven to 450°F. Line a jelly-roll pan with foil; brush with *1 teaspoon olive oil.* Slice *2 medium eggplants* in half lengthwise. Place cut sides down on prepared pan. Wrap *3 large cloves of garlic* in foil. Place garlic on pan with eggplant. Bake eggplant and garlic 20 minutes; remove garlic and set aside. Bake eggplant 25 to 30 minutes more, until very soft and skin is slightly charred. Cool. Discard any large seeds from eggplant. Scoop eggplant pulp into bowl of food processor; discard skin. Remove garlic from its skin; add to eggplant with *3 tablespoons olive oil, 1 tablespoon fresh lemon juice* and *¼ teaspoon salt.* Pulse 2 to 3 times, until mixture is smooth. Transfer to serving bowl. Garnish with *1 tablespoon thinly sliced basil.* Serve with *grilled pita bread, cut into triangles.* Makes 1½ cups.

Per tablespoon:

TORTILLA TIDBITS

Heat grill. Brush both sides of *four 6-inch flour tortillas* with *olive oil, total 1 tbs.* Grill 2 minutes per side, until golden marks appear. Transfer to cutting board. Divide and spread *½ cup fennel frisée* or baby arugula on one side of tortillas. Using *a total of 6 oz. smoked salmon,* arrange 1 or 2 slices on top of crème fraîche for each tortilla. Sprinkle each with *2 tablespoons chopped chives.* Slice each into 8 wedges. Serve with *lemon wedges, finely chopped onions* and *freshly ground pepper,* if desired. Makes 32 wedges.

Per wedge:

SLICED NECTARINES WITH PROSCIUTTO

Slice *4 nectarines* into 8 wedges each. Wrap each wedge with *a slice of prosciutto (4 oz. total).* Chill. Makes 32 wedges.

Per wedge:

FENNEL BRUSCHETTA

Heat *3 tablespoons extra-virgin olive oil* in large nonstick skillet over medium-high heat. Add *4 cups finely chopped fennel (2 bulbs, trimmed), ¾ teaspoon salt, ¼ teaspoon freshly ground pepper, pinch* each *ground red pepper* and *sugar.* Reduce heat to medium-low; cover and simmer 20 minutes, stirring twice. Uncover and simmer 15 minutes more, until very tender. Drain in sieve; let stand in sieve 10 minutes. Meanwhile, heat broiler. Slice *1 baguette* into ½-inch-thick diagonal slices; brush both sides with *2 tablespoons extra-virgin olive oil.* Arrange on cookie sheet. Broil 4 to 5 inches from heat source, 2 minutes per side, rearranging bread until evenly toasted. Spread 1 tablespoon fennel mixture on each toasted slice. Sprinkle with *pinch ground red pepper* and *chives,* if desired. Makes 24 bruschetta.

Per bruschetta:

FRIED CURRY WONTONS

Heat a 10-inch-deep skillet with *4 cups vegetable oil* to 350°F. Slice *wonton wrappers from 1 large package (12 oz.)* in half. Make a ½-inch lengthwise slit in the middle of each half. Fold one end of the wonton through slit. Repeat process with remaining wontons. Generously sprinkle wontons with *2 tablespoons curry powder.* Carefully place a few wontons in the hot oil and fry in batches, about 10 seconds, until golden. Remove with long-handled tongs and drain on paper towels. Immediately sprinkle fried wontons with *2 teaspoons curry powder* and *½ teaspoon salt.* Mix *½ cup jalapeño jelly* and *1 to 2 tablespoons warm water* in a small bowl until smooth. Serve with wontons. Makes 96 wontons.

Per wonton:

SPECIAL OFFER

The Silk Bijoux Scarf

Selected for the readers of *Ladies' Home Journal*®, this hand-painted silk scarf ensemble by Silk Bijoux will soon become one of your favorite accessories

Brilliantly and elegantly colored, each Silk Bijoux Scarf is hand-painted, using the finest imported French dyes, and hemmed with silk thread. A booklet is included with each scarf, explaining its uniqueness, suggestions for various ways to wear it, and instructions for washing. Each scarf measures 60x11 inches and comes packaged in a gift box with a scarf clip. Each Scarf/Clip Set sells for $49.95.

Matching Silk Earrings, available with clips or posts and measuring 1¼ inches in diameter, sell for $19.95.

***SAVE $10*—Buy the scarf/clip set and matching earrings for only $59.90.**



Available in two color patterns: The Blues (right), or Lauren (above).

4 Steps To A Perfect Bow

1. Lay scarf evenly over shoulders. Hold scarf clip to your chest with ring touching scarf.



2. Put your thumb and index finger through the ring of the scarf clip. Pinch the two inside edges of the scarf and pull the silk through the clip.



3. Pull the edges apart 3 to 4 inches. There is no need to hold the clip.



4. Close scarf clip and arrange bow.

Prices include shipping, handling and applicable sales tax.
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NO-FAT
FRIED CHICKEN

Too good to be true? It's easy with PAM®. Just soak four skinless chicken breast halves in ice water. Then dip in 1/2 cup plain yogurt mixed with a tablespoon of Gulden's® Spicy Brown mustard. Roll in a mixture of 1/2 cup each bread crumbs and flour. Spray with All Natural PAM, then bake in a 400° oven for 40 minutes or until cooked through, turning for even browning. Enjoy.

The natural ingredient for fat-free cool

SIMPLE SUMMER GATHERINGS

Continued

CREAMY POTATO SALAD

Here's a neat new twist on potato salad. Yogurt lightens the mayonnaise dressing, and cucumber replaces celery for a refreshing crunch. We used a flavorful English (hothouse) cucumber, which is virtually seedless, and is widely available at supermarkets.

Prep time: 15 minutes
Cooking time: 15 minutes
Easy

2 pounds medium red potatoes, scrubbed
2 teaspoons salt, divided
1 cup mayonnaise
½ cup plain low-fat yogurt
½ cup finely chopped onion
3 tablespoons cider vinegar
1 English cucumber, quartered lengthwise and cut into ½-inch-thick slices
1 teaspoon celery seed
½ teaspoon freshly ground pepper

1. Combine potatoes, 1 teaspoon salt and enough cold water to cover by 2 inches in large Dutch oven. Bring to boil. Reduce heat and simmer 15 minutes, until potatoes are fork-tender. Drain in colander. When cool enough to handle, quarter potatoes and transfer to large bowl.

2. Combine remaining ingredients and remaining 1 teaspoon salt in bowl. Stir mayonnaise mixture into potatoes, tossing to coat. *(Can be made ahead. Cover and refrigerate overnight. Bring to room temperature before serving.)* Makes 9 cups.

Per ½ cup: 155 calories, 10.5 g total fat, 1.5 g saturated fat, 8 mg cholesterol, 289 mg sodium, 14 g carbohydrates, 2 g protein, 18 mg calcium, 1 g fiber

BERRY-RHUBARB TIRAMISU

Food Editor's Favorite

Luscious layers of ruby-red fruit, mascarpone whipped cream and ladyfingers make this a truly memorable dessert. You'll need only the seeds of a vanilla bean for the fruit and cream layers; then use the bean to make vanilla sugar by adding it to granulated sugar.

Total prep time: 35 minutes plus [illegible]



4 cups sliced fresh rhubarb
¾ cup plus ⅓ cup sugar, divided
1 vanilla bean, split lengthwise in half
1 pint strawberries, sliced
3 large egg yolks
¼ cup water
8 ounces (1 cup) mascarpone cheese
1½ cups heavy cream, beaten until stiff
1½ packages (3 oz. each) ladyfingers
6 whole strawberries, for garnish

1. Bring rhubarb, ¾ cups sugar and half of the split vanilla bean to boil, stirring, in medium saucepan. Reduce heat to medium and cook, stirring occasionally, 15 minutes, until rhubarb

ns. Transfer to bowl. emove
la bean. With small k ie, scrape
seeds.* Stir seeds and strawberries
rhubarb mixture. Refrigerate,
ing occasionally, until cold.
leanwhile, combine yolks,
aining ⅓ cup sugar, remaining half
anilla bean and ¼ cup water in
e stainless-steel bowl. Place bowl
r large saucepan with 1 inch of
tly simmering water. Cook mixture,
ring constantly, 8 to 10 minutes,
il thickened. Remove bowl from
ter and whisk until cool. Remove
illa bean; scrape out seeds into e
k mixture and whisk in mascarpone
ntly fold in whipped cream.
Arrange half the ladyfingers in bottom
a 1½- to 2-quart serving dish. Spread
h half the fruit mixture. Cover with
f the cream mixture. Repeat layering,
ling with cream mixture. *(Can be made*
ad. Cover and refrigerate overnight.)
rnish with whole strawberries, if
ired. Makes 8 to 10 servings.

serving: 550 calories, 29 g total fat,
5 g saturated fat, 198 mg cholesterol,
mg sodium, 70 g carbohydrate, 6 g protein,
; mg calcium, 1 g fiber

CREAM CHOCOLATE ROLL

good old-fashioned ice cream roll
ver goes out of style! We added a bit of grated semisweet chocolate to the cake to intensify the cocoa, and paired it with pistachio ice cream (but feel free to use your favorite flavor).

Prep time: 30 minutes plus chilling and freezing
Baking time: 11 to 12 minutes
Moderate

¼ teaspoon baking soda
teaspoon salt
4 large eggs at room temperature, separated
cup sugar, divided
½ ounce semisweet chocolate square, grated
2 pints super-premium ice cream

1. Heat oven to 375°F. Line a 15½x10½-inch jelly-roll pan with wax paper; grease paper. Sprinkle paper lightly with flour, shaking out excess.
2. Sift ½ cup cocoa, ⅓ cup flour, baking soda and salt into a bowl.
3. Beat egg yolks and ⅓ cup sugar in mixer bowl at medium-high speed 5 minutes, until thick and pale golden. Set aside.
4. Beat egg whites in another large mixer bowl at medium-high speed until foamy. Gradually add remaining ½ cup sugar; beat just to stiff peaks. With rubber spatula, fold one third of whites into yolk mixture; repeat folding in remaining whites in two additions, just until blended. Sift one third of cocoa mixture over yolk mixture; gently fold in until almost blended. Repeat folding in remaining cocoa mixture in two additions just until blended. Gently fold in grated chocolate. Spread batter evenly in prepared pan. Bake 11 to 12 minutes, until center springs back when lightly pressed with fingertip.
5. Meanwhile, sift 3 tablespoons cocoa over a clean kitchen towel to cover surface. When cake is done, immediately invert onto towel, carefully remove pan and peel off wax paper. Lifting from the long side, roll hot cake up with towel jelly-roll fashion. Cool cake in towel completely.
6. Refrigerate ice cream 20 to 25 minutes to soften.
7. Unroll cooled cake. Gently spread softened ice cream over top, then re-roll cake (don't worry if it cracks slightly). Transfer cake, seam side down, to serving plate. Cover with plastic wrap and freeze 4 hours. *(Can be made ahead. Wrap well and freeze up to 1 week.)* Makes 10 to 12 servings.

Per serving: 240 calories, 11.5 g total fat, 6.5 g saturated fat, 110 mg cholesterol, 150 mg sodium, 33 g carbohydrates, 6 g protein, 70 mg calcium, 2 g fiber

(continued)



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CHEESECAKE

Want to try a new cheesecake? This unusual combination of delicate honey-scented filling and crisp peanut-ginger crust will win you over.

Prep time: 20 minutes plus chilling
Baking time: 1 hour 40 minutes
Easy

Crust
- *1 cups gingersnap cookie crumbs*
- *cup ground unsalted peanuts*
- *2 tablespoons sugar*
- *5 tablespoons butter, melted*

Filling
- *4 packages (8 oz. each) cream cheese, at room temperature*
- *5 large eggs, at room temperature*
- *1 cup sugar*
- *¼ cup honey*

1. *Make crust:* Heat oven to 350°F. Combine cookie crumbs, peanuts and sugar in medium bowl. Stir in butter until crumbs are evenly moistened. Press crumbs evenly over bottom of a 9-inch springform pan. Bake until edges just begin to brown, 10 minutes. Cool on wire rack. Cover outside of pan with heavy-duty foil. Reduce oven temperature to 325°F.

2. *Make filling:* Beat cream cheese in large mixer bowl on medium speed until light and fluffy, about 5 minutes. Add eggs one at a time, beating well after each addition and scraping side of bowl until blended. Beat in sugar and honey, 2 minutes, until mixture is



smooth. Scrape bottom and sides of bowl; beat 30 seconds more (mixtur should be completely smooth). Pour filling onto cooled crust. Place pan i large roasting pan and fill with enou hot water to come halfway up side o springform pan. Bake 1 hour and 30 minutes, until cheesecake is just (it will firm as it cools). Remove pan from water bath. Cool on wire rack room temperature. Remove side of springform pan. *(Can be made ahead. Cover and freeze up to 1 week. Let tha in refrigerator overnight. Bring to room temperature 1 to 2 hours before serving.* Makes 12 servings.

Per serving: 510 calories, 36 g total fat, 20.5 g saturated fat, 185 mg cholesterol, 392 mg sodium, 38 g carbohydrates, 10 g prot 85 mg calcium, 1 g fiber ●

Recipes by Michele Peters, Jane Yagoda Goodman and Cynthia DePersio

Be sure to visit LHJ Online (*www.lhj.com*) for more entertaining tips and recipes to make your parties extra-special.



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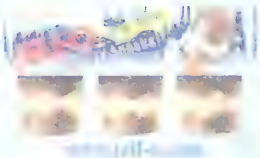
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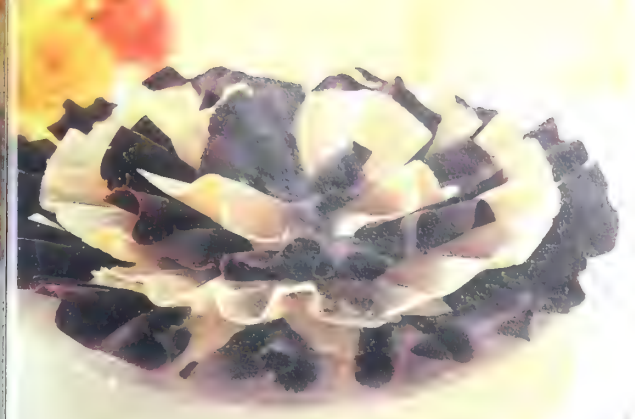
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CHOCOLATE RUFFLE CAKE

What truly makes this cake a showstopper is its crown of chocolate ruffles—a project well worth the effort. Want to know the secret? Just follow our step-by-step instructions.

Prep time: 3 hours plus standing and chilling
Baking time: 25 to 33 minutes
Microwave

Cake

- *12 ounces semisweet chocolate squares*
- *1 cup unsalted butter, cut-up (no substitutions)*
- *6 large eggs at room temperature, separated*
- *1 tablespoon brandy*
- *1 teaspoon vanilla extract*
- *½ cup sugar*

White Chocolate Icing

- *1½ cups heavy or whipping cream, divided*
- *6 ounces imported white chocolate, chopped*

Ruffles

- *8 ounces imported bittersweet or semisweet chocolate*
- *20 (¾ oz.) dark confectionery coating disks**
- *8 ounces imported white chocolate*
- *20 (¾ oz.) white confectionery coating disks**

1. *Make cake:* Heat oven to 350°F. For a flat cake top, invert bottom of a 9-inch springform pan; reattach to springform ring. Wrap outside of the pan with foil.
2. Microwave chocolate and butter in large microwaveproof bowl on High 2 minutes; stir. Microwave 1½ minutes more and stir until smooth. Cool 5 minutes. Stir in yolks, 1 at a time. Stir in brandy and vanilla.
3. Beat whites in mixer bowl at medium speed until foamy. Gradually beat in sugar. Increase speed to medium-high and beat just to soft peaks. Gently fold whites into chocolate mixture one third at a time, until smooth.
4. Pour batter into prepared pan and place in large roasting pan. Add hot water to roasting pan to come 1 inch up side of springform pan (photo A). Bake 25 to 33 minutes, just until center is set on top, barely jiggles and toothpick inserted 1 inch from side of pan comes out clean. (Cake will firm as it cools.) Remove cake from water bath and cool in pan 1 hour on wire rack. Refrigerate 3 hours.
5. *Make White Chocolate Icing:* Microwave ½ cup cream and chocolate in microwaveproof bowl on High 1½ minutes. Stir until smooth. Refrigerate chocolate-cream mixture 1 hour, stirring occasionally, until cold and thickened. Beat remaining 1 cup cream in large mixer bowl to soft peaks; add cold chocolate mixture and beat just to firm peaks (be careful not to overbeat). Refrigerate 30 minutes.
6. Detach springform ring from pan. Invert cake onto an 8-inch cardboard cake circle.* Run a long thin metal spatula between bottom of pan and cake; remove pan. Place cake on a serving plate. Beat White Chocolate Icing again to stiff peaks, 15 seconds; spread top and sides with icing (photo B). Refrigerate while making ruffles.
7. *Make ruffles:* Microwave bittersweet chocolate and dark confectionery coating in microwaveproof bowl on High 1½ minutes; stir. Microwave *(continued)*



1 minute more; stir until smooth. Pour half the chocolate mixture into the center of a large cookie sheet or jelly-roll pan. With angled spatula* spread a very thin and even layer of chocolate over sheet, leaving a 1-inch border (photo C). Spread remaining chocolate on another cookie sheet. Refrigerate sheets 5 minutes, then let stand at room temperature until chocolate is firm, 20 to 30 minutes.

8. Place one cookie sheet with short end facing you on a damp towel (this will keep the sheet secure while making the ruffles). Holding the back side of a metal spatula or pancake turner at a 45° angle, begin to scrape a 4- to 5-inch-long strip of chocolate. (The chocolate should be pliable. If it's too soft, return to refrigerator about 5 minutes. If it's too firm, let stand at room temperature about 5 minutes.) While scraping, gently pinch along one side of strip with thumb and index finger to form a ruffle or pleat (photo D) Transfer ruffle to wax paper–lined cookie sheet. Repeat with remaining dark chocolate. Refrigerate 30 minutes.

9. Repeat process of melting, chilling and making ruffles with white chocolate and white confectionery coating.

10. Starting from outside edge, arrange dark and white ruffles in circles over top of cake, alternating colors and angling toward center (photo E). *(Can be made ahead; cover cake with parchment paper and refrigerate up to 24 hours.)* Makes 16 servings.

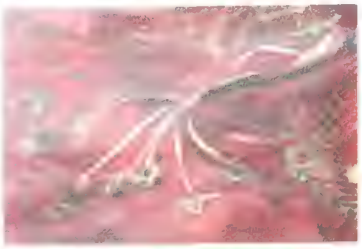
*Available from Wilton Enterprises, 630-963-1818.

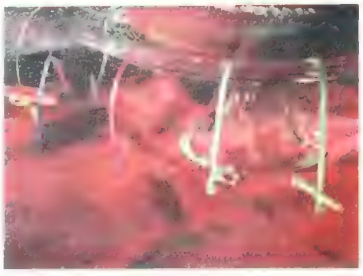
Per serving: 550 calories, 40.5 g total fat, 24 g saturated fat, 141 mg cholesterol, 63 mg sodium, 47 g carbohydrates, 6 g protein, 91 mg calcium, 2 g fiber

Recipe by Michele Peters

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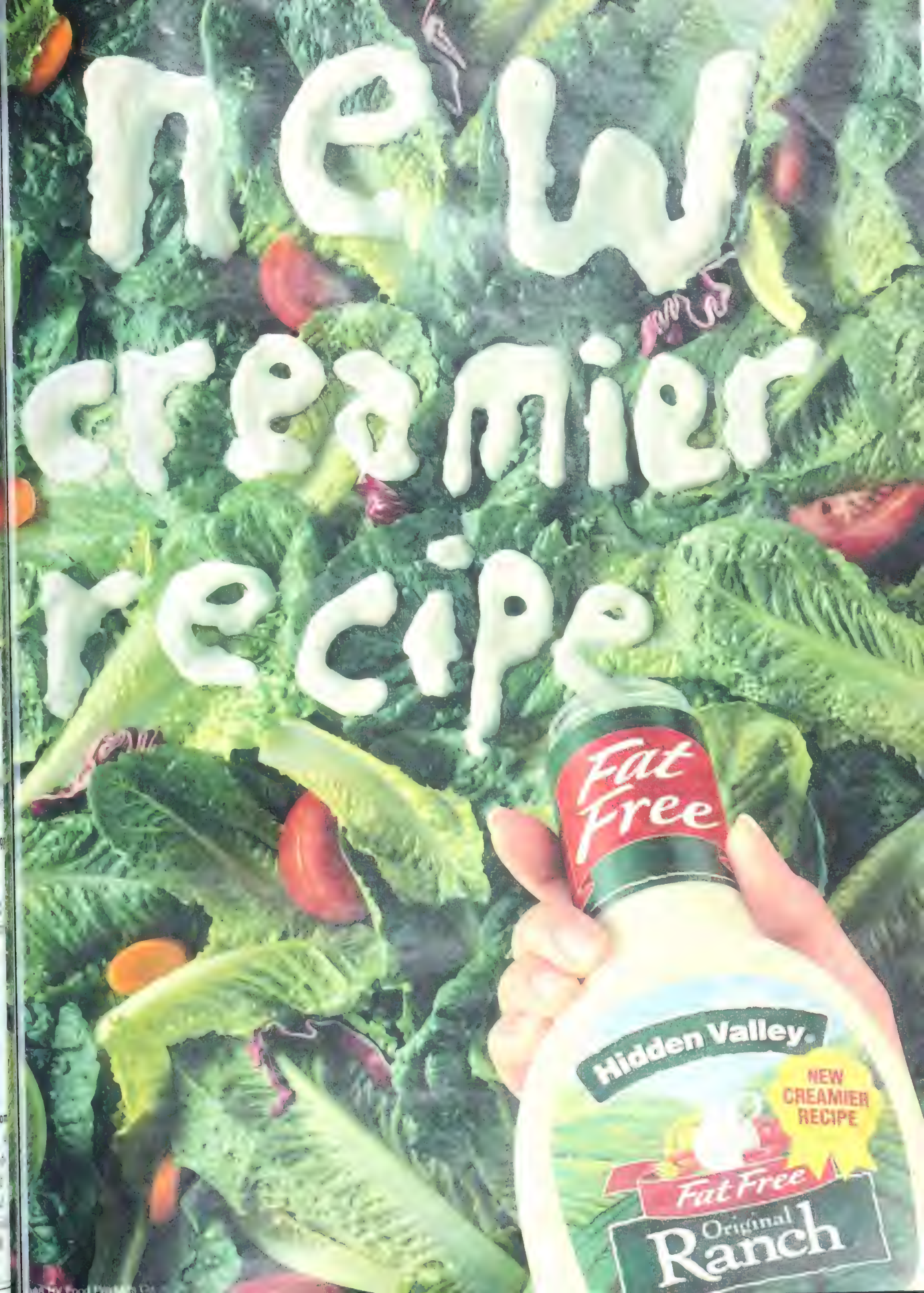
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Poetry Guild

Competition Rules

1. Submit one original poem, 20 lines or fewer, in any subject and style.
2. Print or type your poem on a standard 8 1/2 x 11 sheet of paper.
3. Place your name, phone number and complete address on the same sheet of paper as the poem.
4. **Contest Deadline: June 23, 1998**
5. Entrants under 18 years old must include parent's name.
6. Up to 20 competitions may be held this year, each with a $1,000 Grand Prize and 99 Honorable Mention awards.
7. Mail your entry to:
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new
creamier
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Fat Free
Hidden Valley
NEW
CREAMIER
RECIPE
Fat Free
Original
Ranch



An elegant tray of cheeses. Counterclockwise from right: Maytag Blue, Sally Jackson Aged Sheep, Old Chatham Camembert, Vermont Butter and Cheese Fontina, Grafton Aged Cheddar, Coach Farm fresh goat cheese (2).

Whether you serve it before a meal, or, as is increasingly popular, after the main course European-style, cheese makes an elegant party food. And a relatively low-hassle one at that: All you have to do is shop, a task made especially easy by the fact that many supermarkets carry an impressive assortment of cheeses these days.

Still, with so many types to choose from, assembling a cheese board can be a bit confusing. So we asked top cheese expert Nick Oltarsh, head of the cheese program at New York City's three-star Gramercy Tavern, what he would recommend as a cheese course for eight guests. Oltarsh suggests combining three to five cheeses that showcase different textures, types of milk and countries of origin, along with any artisan varieties. Artisan cheeses are made in limited quantities strictly *(continued)*

say cheese Create the right assortment, and give your guests a flavor sensation they won't soon forget

TYPE	NAME	MILK	DESCRIPTION
SOFT/ SEMISOFT (spreadable)	Saint André	Cow	Rich, buttery and tangy, with a very soft white center.
	Goat (Chèvre)	Goat	Can be soft or firm, depending on age; tangy, sometimes flavored.
	Camembert	Cow or Goat	Mainly from France; creamy with edible rind; earthy, mushroom-like flavor.
SEMI-HARD (sliceable)	Taleggio	Cow	Bone-colored; full-flavored yet gentle, with a tinge of saltiness.
	Swiss Gruyère	Cow	Buttery with flavor hints of walnuts; similar to Swiss cheese.
	Gouda	Cow	Mainly from Holland; light, buttery, nutty, with smooth texture. Aged varieties are sharper and harder.
HARD (crumbly, grateable)	Parmigiano-Reggiano	Cow	Straw-colored and granular; piquant, salty, nutty.
	Manchego	Sheep	Most famous cheese from Spain. Dry and nutty. Aged varieties are sharper.
	Farmhouse Cheddar	Cow or Goat	Rich buttery taste but dryer, more acidic and sharper than most supermarket Cheddar; straw-colored (no color additives); aged 6 months to 2 years.
BLUE	Maytag Blue	Cow	From Iowa. Has a peppery taste and creamy texture; gets more piquant with age.
	Gorgonzola Dolce	Cow	Italian. Creamy, moderately mild and slightly sweet; aged only 3 months.
	Roquefort	Sheep	French. Ivory with blue-green veins; moist, crumbly, spicy, salty. Quite strong.
	[illegible]	[illegible] Cow or Sheep	Spanish. Crumbly interior with intense purple veining; rich, strong flavor.



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by hand—a growing trend among domestic cheese makers (see "Artisan Cheese," at right).

Balance is the secret to composing a good cheese board. Combine soft or mild cheeses, like a fresh goat cheese or triple-cream Saint André, with semisoft and full-flavored cheeses like blue-veined Stilton and a semi-hard Swiss, such as Jarlsberg, or a firm aged Gouda. To make it easy, choose one cheese from each of the categories on the chart on page 182. Then simply follow these steps:

- You'll need two to three ounces of cheese per person for a dessert tray.
- Store cheeses in their original wrapping in the refrigerator until two hours before you are ready to serve.
- All cheeses should be served at room temperature for best flavor, texture and aroma. Remove cheese from its wrapping so it can breathe, and cover with a clean dishtowel or glass cake cover. On the platter or board, separate sharper cheeses from milder ones to prevent a transfer of flavors. Each cheese should have its own knife.
- Pair cheeses with fresh and dried fruits, such as strawberries, grapes, nectarines, melons, pears or dried apricots, dates or figs. When selecting breads and crackers, Oltarsh recommends serving mild cheeses (Brie, Camembert, Saint André or fresh goat) with plain, mild-tasting bread like a crusty baguette. More assertive cheeses (Cheddars from Vermont or New York, blue cheeses such as Stilton or Roquefort) pair well with stronger-tasting multigrain or fruit-and-nut breads. Look for flavor contrasts, such as the piquant taste of a blue cheese with sweet fruit like figs.
- For leftover cheese, to ensure freshness and prevent molding, rewrap each variety separately in new plastic wrap. Soft and semisoft cheeses can be refrigerated one to three days after opening; hard cheeses up to several weeks. If mold develops on hard cheese, just cut off all mold and discard. The rest of the cheese is safe to eat.

Artisan Cheese

Americans traveling abroad know how wonderful cheese can be when made using hand-churning techniques (as opposed to factory processing). Now traditional cheese making is undergoing a rebirth in this country—there are approximately eighty artisan cheese makers nationwide who make cheese by hand in small batches. Here are some we recommend:

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5810 Highway NN
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Provolone, gorgonzola, mascarpone

Capriole, Inc.
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Fresh and aged goat cheeses (Banon, Wabash Cannonball)

Coach Dairy Goat Farm
105 Mill Hill Rd.
Pine Plains, NY 12567; 518-398-5325
Fresh and aged goat cheeses

Grafton Village Cheese Co.
P.O. Box 87, Townshend Rd.
Grafton, VT 05146; 800-472-3866
Cheddar (Classic Reserve Extra Sharp)

Maytag Dairy Farms
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Old Chatham Sheepherding Company
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Sheep's and cow's milk cheeses (ricotta, Camembert and Saint André triple-cream–style cheeses)

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Beverly Hills, CA 90210; 800-547-1515

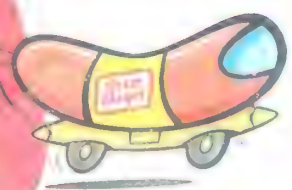


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the perfect burger

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With hands, split each beef patty then sprinkle with bits of herb butter



INDULGENT BUT WORTH IT

To make a truly great burger, we like to start with choice-grade beef top round. Ask your butcher for the freshest available, and have it ground twice through a fine plate for the best burger texture. (Because flavor is lost when meat is frozen and thawed, using frozen ground beef is not recommended.) Add herb butter to the center of each patty to make the burgers exceptionally velvety—and use a gentle touch! When shaping the patties, handle the meat as little as possible; too much handling toughens the meat when it cooks.

Prep time: 20 minutes plus chilling
Grilling time: 14 to 16 minutes
Easy

How Many

½ teaspoon [illegible]

4 crusty rolls or English muffins, split
4 lettuce leaves
8 tomato slices
French fries or potato chips (optional)

1. *Make herb butter:* Beat butter, tarragon, thyme and parsley with spoon in bowl until combined; transfer to sheet of plastic wrap. Using wrap, shape butter into a 3x2-inch log. Cover and refrigerate until firm, 3 hours. *(Can be made ahead. Freeze up to 1 month.)*
2. Cut chilled herb butter into 8 equal slices. (Wrap 3 slices and refrigerate for another use.) Cut each slice into small pieces.
3. Divide beef into quarters. Gently shape each quarter into a patty. Split one patty in half horizontally. Sprinkle pieces from 1 slice herb butter over split side of patty (see photo). Replace top half of patty, gently pinching edge to seal. Gently shape until 1 inch thick. Transfer to large plate. Repeat with remaining beef and herb butter. Chill patties in freezer 15 minutes.
4. Heat grill. Sprinkle salt and pepper over both sides of patties. Grill burgers 7 to 8 minutes per side, or until meat thermometer reaches 160°F. when inserted 1 inch from edge of each burger for medium.
5. While burgers are grilling, spread remaining slice of herb butter over cut sides of rolls. Grill rolls cut side down, 1 to 2 minutes, until toasted.
6. Place lettuce leaves on bottom halves of rolls. Top with burgers, then tomato slices. Serve with french fries or chips, if desired. Makes 4 burgers.

Per burger without fries: 755 calories, 42 g total fat, 18 g saturated fat, 197 mg cholesterol, 560 mg sodium, 32 g carbohydrates, 59 g protein, 78 mg calcium, 2 g fiber ●

Recipe by Jane Yagoda Goodman

SAFETY FIRST **Sink your teeth into the perfect burger, and you'll know love at first bite. But before you do, review these safety tips for storing, handling and cooking ground beef. SHOP the butcher counter or meat section of the supermarket after you've gathered the rest of your groceries to ensure that the beef stays as cold as possible. STORE fresh, well-wrapped ground beef up to twenty-four hours in a meat drawer or center of the refrigerator. WASH your hands with warm water and soap before and after handling beef. COOK ground beef to an internal temperature of 160°F., as recommended by the USDA, or until center of patty and juices are no longer pink.** —Sarah P. Basso

Y'know what there's a lot of in MARRIAGE?

DINNER

If it's not chicken, it's Chili.

If it's not Monday, it's Tuesday.

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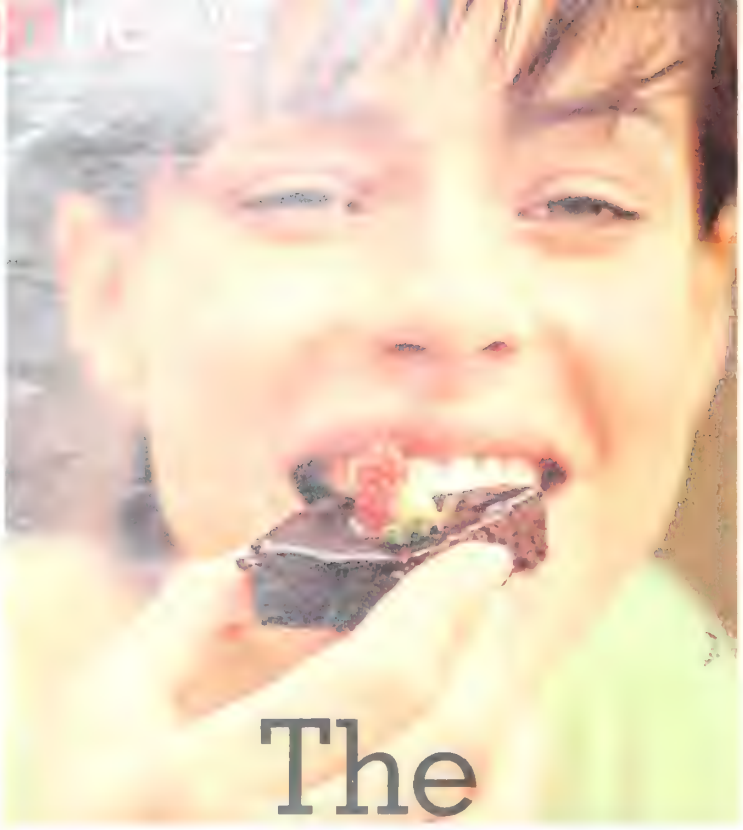


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DING!

I even forget I'm the one who did the cooking.

CORNINGWARE POP-INS



The Seven Habits of Slim People

We all know those lucky souls who can eat and eat without gaining. Can what works for them also make you slim for life?

By Vikki Hansen, M.S.W., with Shawn Goodman

For years, I carried around a painful, dark secret about myself that would have shocked my friends and family had they found out. I was thirty-five years old, slim, attractive, happily married and a successful nutrition expert and psychotherapist. What no one knew was that my every waking thought was about losing weight, that I hated my body and that around food, I was out of control.

No one knew because no one ever saw me eat. I would binge on a box of doughnuts in my car before meeting a friend for dinner, but in the restaurant I'd order a diet soda and steamed vegetables. I'd often starve all day, only to lose control and eat everything in the house late at night. I'd spend endless hours at the gym working out, which kept me from getting heavy. Still, I obsessed about my body and hated to be seen naked by anyone, including my husband. Professionally, I felt like a fraud, and in every other way I felt like a failure. I was even suicidal.

Then one day, thirteen years ago, I stumbled upon a remarkable concept about food and weight control. The theory was that the very act of dieting makes people fat. Dieting entails deprivation, the theory proposed, and depriving oneself of what one wants to eat is doomed to backfire because it causes overeating in the end. Overweight people are heavy not because they eat too much per se, the theory [illegible] wrong reasons—because they are [illegible]

people, on the other hand, maintain normal weights with no effort because they automatically recognize and react to their body's hunger signals.

This was incredible news to me. The theory seemed to be saying that if I didn't try to control my weight, my body would take care of it for me if only I cooperated.

It took me about a year of discovery and practice to put together the pieces of knowledge I needed to find total freedom from food—but it happened! Now I no longer think about food unless I am hungry. I can go to any restaurant and order anything from the menu without worrying about the fat grams and calories. I have finally discovered how to be slim for life without dieting or deprivation or taking exercise to an extreme. It is the most exciting thing I have ever learned, and it can all be reduced to seven simple secrets.

SECRET #1: Listen to your body, not your mind

A naturally slim person doesn't try to not eat "fattening" foods or follow any of the rules about dieting. She ignores these external messages and listens to her body instead.

Think about it: Have you ever tried to feed a baby you thought was hungry, but was actually wet or tired? The baby refused to eat, right? All babies do unless they are physically hungry. But many children, as they get older, are taught to ignore their body signals and eat for other reasons, which over time may result in weight gain. Fortunately, your body never stops sending you clear messages about how it wants to eat, even though you *(continued)*

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may have stopped listening. So the first step is to start paying attention to your body's signals again.

SECRET #2:

Have you ever been eating a sandwich in front of the TV, only to be startled that it's suddenly gone? It's as if someone stole the second half of your sandwich. You are probably physically full, but you will not feel emotionally satisfied until you have another half a sandwich. On the other hand, if you had been paying attention to how much pleasure the entire sandwich was giving you, you would have been content.

Eating with awareness means giving your food your undivided attention. Eliminate all outside distractions—don't eat and watch TV, eat and drive, eat and work. To eat without judgment means to suspend all of your beliefs about "good" foods and "bad" foods, calories and fat grams. Simply be aware of your body's signals while eating.

SECRET #3: Eat only when you are physically hungry

Many of us, because we eat so frequently and for so many reasons, are not really familiar with the sensation of hunger, but those pangs are a signal. Be willing to wait to eat until you are *sure* you are hungry. If you have any doubt, *you're not.*

Just as it is important to wait until you're hungry to eat, it's also imperative not to let yourself get *too* hungry. When you're ravenous, you'll grab anything—usually junk food, because it's fast and easy. And you will definitely overeat.

SECRET #4:

What's the difference? Full is when you feel *any* degree of discomfort after eating. If you're loosening your belt, feeling sleepy or uncomfort-

hungry -you could push your plate aside and wait thirty minutes to finish it. It usually doesn't take very much food to go from hungry to satisfied, so don't be surprised if you find yourself eating far less at a meal than you're used to.

SECRET #5:

Contrary to popular belief, the most enduring way to slim down is to eat exactly what you want most. This way you will never feel deprived,



To slim down, don't deny yourself your favorite foods

which only tempts overeating. Of course, this doesn't mean you can eat whatever you want whenever you want it. But if you eat only when your body feels hungry, you will never have to count a calorie or fat gram again.

Does it scare you to imagine eating exactly what you want? Do you fear you would eat only junk food? I believe that if you wait until you are physically hungry to eat, the food you crave and the food you need are usually the same.

SECRET #6: Notice how your body feels after eating

Your body has a very clear way to let you know if you made a bad nutritional choice—if you ate too much—you will not feel good after eating. If you have gas, heartburn, slight nausea or just feel uncomfortable, your body may be telling you it didn't like what you just put into it.

In fact, I believe your body tells you exactly how to make the right nutritional choices for your health and ideal weight by sending you three clear signals:

1. *Cravings:* Your body indicates its nutritional needs when you're hungry by sending specific food cravings.
2. *Taste:* Your body indicates its nutritional needs by making foods that are the optimum nutritional match taste the best.
3. *Well-being:* Your body indicates you made a great nutritional choice if you feel good thirty minutes to an hour after eating.

SECRET #7: Don't bury your feelings under food

If you ever eat because you are stressed, lonely or upset, you are eating for emotional reasons. Now, emotional hunger is as real as physical hunger, but it can only be satisfied by an appropriate *emotional* response. If you are lonely, a doughnut does not give you companionship.

Eating emotionally is just a way of distracting you from what you really need. To stop, you must become aware of what you are feeling. Then, one step at a time, you must seek to satisfy the feeling in a more appropriate way. For example, if you are bored, you need stimulation; if you are angry, you need resolution.

Listening to your body and to your feelings may feel odd at first because you're out of practice. But listening to your body will gradually result in the healthiest, slimmest you. Listening to your feelings will gradually result in a more fulfilling life. What have you got to lose? •

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Award-winning chef Alfred Portale of New York City's Gotham Bar and Grill makes an elegant **corn and shrimp chowder** look easy!





A

(A) Before you start to cook, assemble all ingredients. (B) To butterfly shrimp, cut a slit along the curve of each, but be careful not to cut the shrimp in half





B



C

(C) Grill corn, turnin occasionally, until husks are evenly charred and the kernels are tender.

ROASTED CORN CHOWDER WITH GRILLED SHRIMP AND CILANTRO OIL

Test Kitchen Favorite

Grilled corn and crispy bacon lend a welcome smoky flavor to this colorful chowder.

Prep time: 40 minutes
Cooking time: 40 minutes
Easy

Ingredients

4 ears of corn, husked, silks removed
2 tablespoons vegetable oil, divided
2 ounces slab bacon, diced
1 medium onion, diced
1 medium carrot, diced
1 medium celery rib, diced
2 cloves garlic, minced
1 red bell pepper, diced
2 cans (14½ oz. each) chicken broth
¼ teaspoon salt, divided
¼ teaspoon pepper, divided
1 cup fresh cilantro leaves
¼ cup olive oil

1. Gather all ingredients (photo A).
2. With scissors, cut the shrimp shells, following curve of the outer back, moving from the top toward the tail to expose dark vein (leave tails intact).
3. *Butterfly shrimp:* Rinse shrimp while slipping off the shell and the vein; pat dry. Butterfly shrimp (photo B). Place in bowl; refrigerate.
4. Oil and heat grill. Tie the ends of the corn husks with string. Grill corn 15 to 20 minutes (photo C). Cool. Remove husks and slice kernels off the cob.
5. Heat 1 tablespoon vegetable oil in saucepan. Cook bacon until crisp. With slotted spoon, transfer to paper towels.
6. Drain off all but 1 tablespoon drippings. Add onion, carrot, celery and garlic; cook 5 minutes, until vegetables soften. Add red pepper; cook 5 minutes. Add corn and cook 10 minutes more. Stir in broth; bring to boil. Simmer 10 minutes. Stir in ⅛ teaspoon *each* salt and pepper and bacon.
7. Boil 1 cup water in saucepan. Add cilantro; cook 10 seconds. Drain leaves in strainer under cold running water; drain again. Gently squeeze out excess water with paper towels; transfer to blender. Add olive oil, and puree. Stir in remaining salt and pepper.
8. Toss shrimp with remaining vegetable oil. Grill 2 minutes per side, until firm.
9. Divide soup among 4 bowls. Arrange 3 shrimp in center of each and drizzle with cilantro oil. Makes 4 servings.

Per serving: 460 calories,

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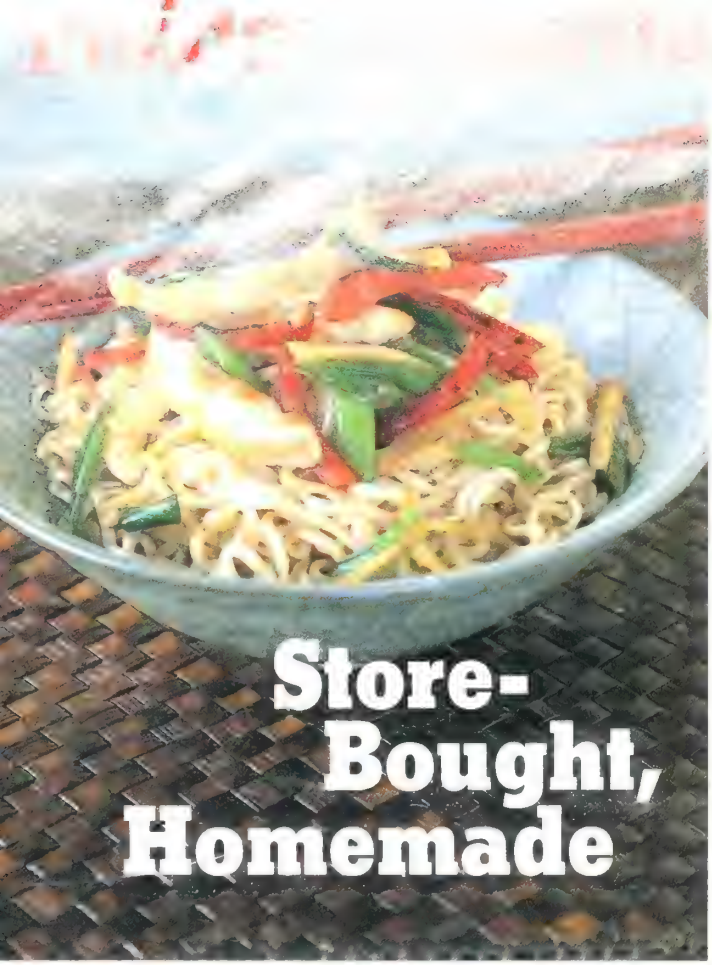
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CHICKEN STIR-FRY OVER RAMEN NOODLES

Budget Recipe of the Month

A package of instant-cook noodles can transform a simple chicken dish into a satisfying, flavor-packed meal. Look for Japanese ramen noodles in the soup section of the supermarket.

Prep time: 20 minutes.
Cooking time: 10 minutes.
Easy, Low-calorie

2 packages (3 oz. each) chicken-vegetable flavor ramen noodles
4 teaspoons peanut or vegetable oil, divided
1 pound chicken breast tenderloins, cut into thin strips
¾ teaspoon salt
¼ teaspoon freshly ground pepper
2 sweet red peppers, cut into 1-inch pieces
1½ teaspoons grated fresh ginger
3 medium green onions, cut into ½-inch pieces

1. Cook noodles according to package directions.
2. Heat 2 teaspoons oil in large nonstick skillet over high heat. Sprinkle chicken with salt and pepper; cook 4 minutes, stirring occasionally, until browned and cooked through. Remove to a large plate.
3. Reduce heat to medium-high. Add remaining 2 teaspoons oil to skillet; add red peppers and ginger. Cook 2 minutes. Add green onions and cook 1 minute more. Return browned chicken to skillet. Remove ¼ cup liquid from cooked ramen-noodle mixture. Add to chicken-vegetable mixture; bring to boil and cook 1 minute.
4. Transfer noodles to 4 serving bowls; top each with chicken mixture. Serve immediately. Makes 4 servings.

Per serving: 380 calories, 14 g total fat, 5 g saturated fat, 66 mg cholesterol, 1,442 mg sodium, 30 g carbohydrates, 31 g protein, 45 mg calcium, 2 g fiber

Recipe by Cynthia DePersio

The canvas.

JAN SAYS


FOOD EDITOR JAN HAZARD

"I'm asked all the time how to keep the top of a cheesecake from cracking. The trick is to avoid exposing the cake to drastic changes of temperature. I always bake cheesecake in a hot water bath—the water holds the heat even after I take the cake out of the oven. If a recipe calls for a springform pan, I wrap the outside of it in heavy-duty foil so there's no chance of leakage."

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NUTRITION GUIDE

Calorie and nutrient analysis appears at the end of each of our recipes to help you plan meals nutritiously.

Daily Goal

Calories	2,000 (F); 2,500 (M)
Total fat	60 g or less (F); 70 g or less (M)
Saturated fat	20 g or less (F); 23 g or less (M)
Cholesterol	300 mg or less
Sodium	2,400 mg or less
Carbohydrates	250 g or more
Protein	55 g to 90 g
Calcium	1,000 mg
Fiber	20 g to 35 g

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die from it, too. Those numbers are somewhat on the decline, perhaps because of earlier detection and treatment. Most women—with breast cancer or not—have at least one risk factor for the disease, such as a family history. The origin of most cases is still unknown.

Highest breast-cancer mortality states

*Women**
District of Columbia 33.9
New Hampshire 30.4
New Jersey 30.3
Massachusetts 29.6
Delaware 29.4

Lowest breast-cancer mortality states

*Women**
Hawaii 17.9
New Mexico 21.9
Utah 22.0
Alaska 22.9
Arkansas 23.4

* Statistics for men are not available.

Some risk factors are clearly not responsible for state-by-state variances of the disease because they are spread evenly throughout the country; these include older age, menstruating early or having a relative with breast cancer. But some other risk factors, such as older age at first live birth and greater alcohol intake, vary by region, according to a new study by Susan Sturgeon, Dr.P.H., a cancer epidemiologist at the National Cancer Institute (NCI). For example, women in the South are less likely to put off having their first baby than women in the West, Midwest and Northeast. In terms of alcohol intake (a risk factor that is still being debated), most teetotalers live in the South: Sixty percent of women fifty and older and 34 percent of younger women there don't drink.

After adjusting for all these variables, Sturgeon discovered that death rates across the nation don't vary much. In younger women, rates were nearly the same; in older women there was only an 8 percent

Midwest and 13 percent in the West and Northeast compared to the South.

That residual difference could be linked to socioeconomic status and education. The options they offer—namely, access to mammography, better health care, fitness centers and other sources of health information—can help prevent cancer. For instance, it's quite possible that D.C.'s high mortality rate is linked to its "large proportion of low-income" residents, and the lack of quality of health care, suggests Martin Kulldorff, Ph.D., an NCI expert on regional breast-cancer rates.

Protect yourself 1) Get a mammogram—a baseline reading by age forty and then yearly thereafter. 2) Learn how to do breast self-exams. We all know tales of women who found their own cancers. Do it once a month. For more information, call the American Cancer Society at 800-227-2345.

Lower your state's rate 1) Participate in a breast-cancer study. Even if you don't have breast cancer, you can be part of the cure. Studies on Long Island, New York, initially stalled because healthy women weren't taking part. "Women who don't have breast cancer need to know their contribution is just as important," says Julia Brody, Ph.D., executive director of the Silent Spring Institute, a nonprofit research group in Newton, Massachusetts. "We can't do studies without a control group." Call NCI at 800-422-6237 to find a study.

#3 Stroke

Nearly 100,000 women will succumb to strokes this year (about twice the number of breast-cancer deaths). Three women will die of a stroke for every two men who fall victim. Black women are especially at risk, with a death rate 75 percent higher than that of whites. As with heart attacks, the risk of a stroke is greater for older women, although it can strike suddenly at any age—about one quarter of victims are under age sixty-five.

Julie Buring, the Harvard epidemiologist, has a personal interest in stroke: About two years ago, at age forty-six, she had a ruptured cerebral aneurysm, one type of stroke. Though she was devastated, "A month after it happened, I realized I had to get back to work and learn what things women can do to prevent this," Buring says.

Highest stroke mortality states

Women	*Men*
Arkansas 105.65	Arkansas 70.87
Oregon 92.39	North Dakota 70.12
Tennessee 91.18	Oregon 61.71
Iowa 90.27	Tennessee 61.55
North Dakota 89.33	Florida 60.98

Lowest stroke mortality states

Women	*Men*
Alaska 25.81	Alaska 15.33
Utah 45.71	Utah 29.26
Hawaii 46.74	Colorado 31.56
Nevada 50.11	Wyoming 33.86
Colorado 52.58	New York 36.4

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, that they can't do, of course, is
e, though many might want to
cially those living in Arkansas,
Tennessee. Those are states in
of a mysterious "stroke belt,"
southern states with death rates
above the national average. The
ts are Louisiana, Mississippi, Al-
na, Georgia, North Carolina and
h Carolina! Part of the puzzle
be explained by the region's
number of blacks, who have a
prevalence of hypertension, dia-
s and, among men, smoking. But
rts say they are still unable to
explain the phenomenon.

oking at all our highest mortality
s, data on obesity (which corre-
to fatty diets, little exercise and
hypertension) is revealing. Each
e top five states ranks well above
national average for percentage of
weight residents. Obesity also in-
ses the risk of diabetes, which in
increases the risk of stroke.

he lowest-mortality states all fall
w the national average for overall
ht, except for Alaska. Presum-
the anomaly there is explained
ge: Most Alaskans are younger,
the low risk of stroke for young
ple may override the weight fac-
and preserve the state's low-
tality status. The opposite goes
Florida, which can probably at-
te its high mortality to its large
entage of retirees.

r reasons not entirely clear, ex-
re temperature also can help
g on stroke; whether it's hot
muggy (Florida, Arkansas) or
r cold (North Dakota). So one
as if the correlation is a thick se-
es to some temperature-induced
ation. Alaska, Colorado, Utah,
Wyoming can get mighty frosty,
but their citizens may make up
he cold with proper diet, lots of
rcise and lower blood pressure
lungs. Smoking puts us fairly
in all but Alaska. Those four
rs are ultimately most suppor-
, notes Burning.

Iowa and North Dakota also re-
sed stroke rates—may be a result
lamage to the carotid artery from
rosclerosis, or fatty deposits in

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the arteries. Iowa ranks number one and North Dakota a number five for atherosclerosis mortality, with death rates the national average. The latest student alone for stroke lowest moderates to low rates for atherosclerotic mortality.

Protect yourself. 1) Learn the early signs. Stroke symptoms include sudden weakness or numbness in one side of the body, vision loss, slurred speech, sudden severe headaches and unexplained dizziness. If you suspect you're having a stroke, don't hesitate. Get to a hospital immediately. 2) Keep blood pressure in the safe range. Have it checked regularly, get treated if necessary and maintain the proper weight for your height. 3) Drink alcohol in moderation. Too much can raise the risk of stroke. 4) Don't smoke. Smoking can double the risk of stroke. Quitting can help greatly within a few years. 5) Exercise regularly. Not only does it help prevent stroke, but it also helps prevent heart disease. Follow the same recommendations for heart disease. Those with heart problems are twice as likely to fall prey to stroke. 6) Keep stress in check. It can be a factor in stroke. Make time for stress reduction such as exercise, meditation and massage. 7) If a relative has had a stroke, your risk increases. Ask your doctor about stroke screening.

Lower your state's rate. 1) Share what you know. Too many women are misinformed about risk factors and symptoms. The American Heart Association's pamphlet "Don't Die Before Your Time" contains [illegible] and symptoms. 2) Write your state's health officials and tell them you want the message to friends and relatives, for [illegible] 3) Tell your congressperson to join Representative Marjorie [illegible] (D-California) and Senator Barbara Boxer (D-California) in supporting the Women's Cardiovascular Research and Prevention Act, which allocates $100 million for research and education on heart disease and stroke in women. Call [illegible]

#4 Chronic Obstructive Pulmonary Disease (COPD)

chitis and other conditions that restrict air flow afflicts about sixteen million Americans. While it may not have the name recognition of cancer or stroke, it is almost as deadly, taking 49,000 women's lives a year. The mystery: Why is COPD on the rise? Since 1980, deaths have nearly doubled.

According to the American Lung Association, smokers are ten times more likely to die of COPD than nonsmokers. Three of the states with high COPD mortality rank tops in terms of largest smoking populations, according to CDC statistics for 1984 to 1995: Kentucky, Nevada and West Virginia. All low-mortality states have moderate-to-low smoking populations.

A few other states with moderate-to-low smoking statistics (Colorado, Wyoming, Montana, Vermont) still maintain high death rates, indicating that other factors are at work. Asthma, for example, if left unchecked can sometimes progress to COPD, says Norman H. Edelman, M.D., a scientific consultant for the American Lung Association.

Air pollution is also likely to increase COPD rates, but pinning blame on a particular pollutant is nearly impossible. Luckily, emissions of six major pollutants have dropped a combined 32 percent since 1970. But keep in mind that escaping urban areas like New York or Los Angeles does not guarantee good health. If it did, vacation idylls like Vermont, Wyoming and Montana would not rank as high as they do. Although they may seem pristine, they can still be affected by pollutants produced far away.

New Jersey, with its high level of industry and low COPD mortality, proves that other factors play a significant role. Here, the cause is likely good access to health care and high socioeconomic status. Our high-mortality states have moderate-to-high percentages of uninsured residents.

Protect yourself 1) Smoking? Quit! 2) Treat asthma vigorously. A mild

Highest COPD mortality states		Lowest COPD mortality states	
Women	*Men*	*Women*	*Men*
Nevada 27.8	Wyoming 41.7	Hawaii 6.0	Hawaii 11.1
Wyoming 25.3	Nevada 37.8	Utah 9.8	District of Columbia 18.0
Montana 21.4	Kentucky 35.4	District of Columbia 10.4	Connecticut 18.6
Kentucky 20.8	Colorado 35.3	North Dakota 10.6	New Jersey 19.1
Vermont 20.2	West Virginia 34.5	South Dakota 11.9	New York 19.4



thma condition can worsen until it uses other problems, including OPD. 3) Avoid pollution. On noggy days, work out indoors and oid heavy yardwork. Strenuous ac-ity induces heavy breathing, often rough the mouth, which only helps her more pollutants into air pas-ges than usual.

ower your state's rate 1) Call ur local newspaper. If they don't gularly print air-quality warnings, k that they add them to their eather forecast. 2) Be aware of the ipact you can have on air quality in ur region. Carpool to work when-er possible. On days when air qual-is poor, put off mowing the lawn you use a gas mower) or painting e outside of the house. Any activity at is gasoline-powered or requires emicals will increase pollution. ●

seph V. Amodio specializes in alth reporting and writes for Self d Shape.

ditional reporting by Nicci Micco.

OH BABY!

(continued from page 144)

who, with her partner, Paula Mahone, M.D., oversaw the pregnancy and delivery.

At first the physicians doubted the couple understood the potentially dire prognosis. But as they got to know Bobbi, they realized that she simply felt at peace about the decision she and Kenny had made. "She's a woman with incredible inner personal strength," Drake says.

For the McCaugheys, it was a matter of faith. "We'd have been in deep trouble without our faith in God. We prayed more than ever before," Bobbi says.

Amazingly, their neighbors in Carlisle kept the news quiet. But in October, Bobbi entered the hospital, and word leaked out. Soon, her pregnancy was making worldwide headlines. Some called it a miracle. But others, mainly medical experts, labeled it a fertility failure, saying that women weren't meant to have so many babies. They feared that Bobbi's success might influence other women to take risks—a notion Bobbi doesn't buy. "I can't imagine someone saying, 'She did it, I want to do it.' I don't think it's realistic."

Bobbi's doctors hoped to hold off delivery until the thirty-second week, when the incidence of complications drops. But as Bobbi approached thirty-one weeks, her girth had swollen to an astounding fifty-five inches. "I started having contractions," she remembers. The muscle relaxant given to stop the contractions left her so exhausted it became a chore to keep her eyelids open. Bobbi, Kenny and the doctors agreed—the time had come.

In the delivery room, Bobbi's first indication that all might be well was when Natalie, the third baby born, let out a strong cry. Bobbi was overwhelmed. "I was so happy, I cried longer than she did," she says.

An outpouring of love

"We didn't realize the impact the babies' births would have," says Kenny, who at one P.M. has *(continued)*



arrived home [illegible]. Holding Mikayla on his lap, he unfolds the plans for their new five-thousand-square-foot home, a donation from Iowa builders and suppliers. In April, construction began on a double lot also donated so close that he and Bobbi can watch through their living-room window.

"People have been incredibly generous," he says, with a warm smile.

While Bobbi was still in the hospital, hundreds of gifts arrived. Pampers sent diapers, Similac gave them formula, Carter's donated five years' worth of clothing and Kmart gave them shoes. Hannibal-Lagrange College, in Missouri, offered scholarships. People around the world sent clothing, and enough toys and stuffed animals to populate Toyland.

The first few weeks, it took Bobbi nearly three hours a day to open the mail. The gifts still haven't stopped. Today the postman brings a big box bearing eight hand-knit sweaters, including one for Mikayla, from a woman in South Dakota.

Yet their home is so small, the McCaugheys have had a difficult time housing their seven infants, let alone all the gifts. To make room, Bobbi settled Mikayla into what used to be the sewing room. She then turned the toddler's former room into the nursery. But the sixteen-by-nine-foot room can accommodate only four of seven handmade pine cradles (a gift from a man in Duluth, Minnesota), so four of the babies double up. (Nathan and Kenny get their own beds, and Alexis sleeps in a cradle in the living room.) Many of the gifts, including seven cribs, are in storage until the move to their new house, scheduled for November—at about the time the septuplets celebrate their first birthday.

Along with the flood of boxes came cards and letters, some bearing checks. Julia Roberts sent $10,000. "She's the celebrity, not us, and she took time to do that for us," says Bobbi, who is still trying to decide what to say to Roberts in her thank-you note.

But along with so much generosity and love, the McCaugheys have also experienced the dark side of instant celebrity. There have been threatening letters, including one addressed to the neonatal nurses at the hospital telling them to kill all the babies. Kenny's stepmother received a call on her answering machine from a distraught woman who wanted to buy one of the infants.



After a busy day, Bobbi and Kenny spend quiet time with some of their offspring

"It was really creepy," admits Bobbi, shaking her head sadly.

What may hurt even more, however, is the backlash in their own town. While Carlisle initially pulled together to protect the McCaugheys, some have now begun questioning why the family should receive so much. "We haven't heard anything, but my little brother who's in middle school has," says Bobbi. "Some of the other kids gave him a hard time, saying, 'They don't need all that stuff. Why are they getting all that?' "

But the McCaugheys don't dwell on unhappy events. They'd rather talk about all the good that has happened since the babies' birth. Along with the outpouring of love have come offers for endorsements, books and TV movies.

Despite their sudden fame, the couple insists they don't anticipate any conflict with their children's ability to live private lives. "Here in town everybody knew us before and they know we're one of them," says Kenny.

"There'll probably be a lot of attention at milestones like birthdays," adds Bobbi. "But here we're just plain Carlisle citizens, with a house overflowing with kids."

Do they worry about the future? "On the spiritual side, God will provide," Kenny says. "But financially, we're getting things hammered out."

Fortunately, the McCaugheys have good health insurance. Although the hospital bills total more than $750,000, virtually all of it has been covered. "The last time I saw a statement of what we had to pay, it was only seven hundred and fifty dollars," says Bobbi.

For the most part, they've tried not to make too many drastic changes in their lifestyle. They'll sell their tiny home, Kenny says, adding that the taxes and insurance on the new house should just slightly exceed their current mortgage payment. But there is much to look forward to, including double washers and dryers for the fifteen loads of clothes Bobbi does each week, five bedrooms and three and a half bathrooms.

"Without all the generosity, we would have had to make do," says Bobbi. "It would have been mighty tough for us. All this has been such a blessing."

After kissing his wife good-bye and nuzzling his babies, Kenny goes back to work. Bobbi heads to the hospital to visit Alexis.

Half an hour later, at the hospital, Bobbi cuddles tiny Alexis in her arms. A thin plastic tube taped to Alexis's face delivers oxygen to her damaged lungs as Bobbi sings softly to her.

Before Bobbi leaves she hears good news from the doctors. Alexis is going home tomorrow.

One big happy family

"You know, my great-grandmother had seventeen children, two sets of twins," says Bobbi. She herself is the

t of six kids. "Big families is just thing my family does. You have uch fun."

s evening, and Bobbi has just Mikayla to bed after singing and reading her a story. Two rs feed babies, and Kenny, in s and T-shirt, sits watching *E.R.* ully, Bobbi climbs on his lap, ne wraps his arms around her.

there is a downside to having so babies at once, Bobbi says it's she only got to be pregnant . "I loved being pregnant with yla," she says. "I told Kenny, it if we want another one when ids are five?' He said, 'We're not ng any more.' "

st after ten P.M., Bobbi peeks in er sleeping brood and the couple s off to bed. Volunteers Dawn in, twenty-two, and Carol Rowe, y-seven, take over with the ba- Thirty minutes later, Nathan oose a piercing scream.

owe tries to comfort him, but baby cries on. Before long, Bob- ppears in her flannel pajamas to over. She pats Nathan, nuzzles and he quiets down. She re- s to the bedroom to get some deserved sleep.

ne next morning, Bobbi arrives e from the hospital with Alexis a canister of oxygen. The baby need to be on oxygen for some . As the months pass, physicians continue to monitor her and the r septuplets for conditions com- to preemies, including problems muscular development, hearing eyesight. But the prognosis for f them is good. Given their pre- ure birth, the babies are remark- healthy.

n the couch Bobbi feeds Alexis. e just needs to grow," she says idently.

obbi doesn't seem worried, just ved to have all seven of her ba- home again. She'll take things by day, as she has all along. 've just been blessed," she says. yond imagination." ●

myn Casey is a contributing editor adies' Home Journal.

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First Thrill

Moderation is a fine principle—as long as it's leavened now and then with a dose of riotous delight

By Steven Lewis

telephone ring off the hook when they are even mildly indisposed and those who would cheerfully trample small children and flower beds rather than let it hit the third ring. In our family, my wife, Patti, and our daughter Clover belong to the former group. The rest of us are resolute stampeders, believing that every phone call carries with it the potential for great personal reward: money, love, salvation or—perhaps most important—vindication.

I bring up the distinction only to point up the fact that our son Bay, on the day he received his first phone call, introduced me to a third and purer form of relationship to the world of communication.

I answered the phone (in three rings or less) and heard a tiny voice on the other end. Aware that this was a landmark event in the life of my youngest, I strode into the living room and looked meaningfully at the five or six expectant faces.

"Bay," I said ceremoniously, summoning my son, who was in nursery school and too short to even reach the wall phone in the kitchen, "Robert is on the phone for you." An exuberant, earsplitting "*Yahoo!*" resonated through the house, drowning out the exhalations of disappointment from everyone other than Patti and Clover. Bay careened into the kitchen, lunged at the receiver lying on the counter and managed about a seventeen-second conversation while hopping up and down on one foot. After dragging a chair across the floor to hang up the phone, he jumped down again, rattling pots and pans, and raced back to the family, unmitigated pride sprawled across his little face.

My daughter Addie started the "Who's Robert?" Bay's response, "I don't know," stunned us into a highly unusual family silence.

"You don't know?" Clover asked in disbelief.

He smiled, Buddha-like. "Nope."

"Is there a Robert in your class?" Nancy wondered softly.

"I dunno." He shrugged, his smile beaming out like a beacon at sea.

Exasperated, Danny scowled, "Well, what did he say?"

"He wanted to know what I got for Christmas."

"And," Cael coaxed, "you told him what?"

"Stuff."

"And what did he get?"

"I don't remember."

Here, we realized, was a child like no one else in the family. Neither leaper nor sleeper, he was simply ecstatic at getting a phone call. He didn't care if his ship was coming in or his kayak was going over the falls or his rowboat was floating along the endless river of life. Someone—anyone—wanted to speak to him.

We bowed (briefly) in recognition that we were in the presence of the King of Joie De Vivre. Admittedly, his reign lasted only until fourth grade, when Mrs. H. taught him that exuberance was punishable. But along the way, charged up by nearly everything the fates tossed in his path, Bay became a Day-Glo reminder that life is to be lived passionately, fully and with abandon.

The politicians, bankers, religious leaders and other sensible people in our lives invariably advise us—in grave tones—to save for that rainy day, keep everything in perspective, do our homework, mind our *p*'s and *q*'s, roll with the punches, pursue moderation in all things, plan for the future, build on the past, maintain the Sabbath and floss daily.

But children remind us that, as Flaubert remarked, exuberance is better than taste. Or good sense. ●

Steven Lewis is the author of "Zen and the Art of Fatherhood" (Dutton, 1996). He is the father of seven.